Alberta

Freedom To Create. Spirit To Achieve.

Health and Wellness

Alberta Health Care Insurance Plan Statistical Supplement

2008–2009

Government of Alberta

Contact Information

For inquiries concerning material in this publication contact:

Alberta Health and Wellness
Corporate Support Division
Alberta Health Care Insurance Plan Administration Branch
13 Floor, 10025 Jasper Avenue NW
Edmonton, Alberta T5J 1S6

Phone: 780-427-7164
Fax: 780-427-1171
Email: health.ahinform@gov.ab.ca

This document is available on the Alberta Health and Wellness website at: www.health.alberta.ca

Information on performance measures and financial statements is provided in the *Alberta Ministry of Health and Wellness Annual Report Section I and II 2008/2009*. Copies of the annual report are available from the Communications Branch or the ministry website.

ISSN 0848-4775

Health and Wellness

Alberta Health Care Insurance Plan

Statistical Supplement

2008/2009

CONTENTS

PAGE

1 **Introduction**

3 **Section 1: Registration**

- 3 **Summary and Highlights**
- 4 **Figure 1** Population Covered for Basic Health Benefits by Age and Gender as at March 31, 2009
- 4 **Explanatory Notes**
- 7 **Table 1.1** Number of Registrations and Population Covered as at March 31, 2005-2009
- 8 **Table 1.2** Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level as at March 31, 2009
- 8 **Table 1.3** Distribution of Population by Age and Gender as at March 31, 2005-2009

11 **Section 2: Basic Health Services (Physicians and Allied Health Practitioners)**

- 11 **Summary and Highlights**
- 13 **Figure 2** Average Fee-For-Service Payments per Albertan to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2008 to March 31, 2009
- 14 **Figure 3** Average Fee-For-Service Payments per Albertan to Allied Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2008 to March 31, 2009
- 15 **Figure 4** Average Number of Basic Health Services per Person for the Fiscal Years Ended March 31, 2005-2009
- 15 **Explanatory Notes**
- 19 **Table 2.1** Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2005-2009
- 21 **Table 2.1A** Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2008 to March 31, 2009

21	Table 2.2	Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2005-2009
22	Table 2.2A	Number of Chiropractors and Average Payments to Chiropractors within their Age Group for the Service Years Ended March 31, 2005-2009
23	Table 2.2B	Number of Dentists/Oral Surgeons and Average Payments to Dentists/ Oral Surgeons within their Age Group for the Service Years Ended March 31, 2005-2009
24	Table 2.2C	Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2005-2009
25	Table 2.2D	Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2005-2009
26	Table 2.3	Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2008 to March 31, 2009
26	Table 2.4	Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2005-2009
27	Table 2.5A	Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2005-2009
27	Table 2.5B	Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2005-2009
27	Table 2.5C	Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2005-2009
28	Table 2.6	Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2005-2009
29	Table 2.7	Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2005-2009
31	Table 2.8	Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2005-2009
32	Table 2.9	Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2008 to March 31, 2009
33	Table 2.9A	Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2008 to March 31, 2009
34	Table 2.10	Distribution of Physicians by Specialty for the Service Years Ended March 31, 2005-2009
35	Table 2.10A	Distribution of Average Gross Payments for the Service Years Ended March 31, 2005-2009
37	Table 2.10B	Distribution of Median Gross Payments for the Service Years Ended March 31, 2005-2009
39	Table 2.11	Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009
47	Table 2.12	Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2008 to March 31, 2009

48 **Table 2.13** Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2008 to March 31, 2009

52 **Table 2.14** Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient for the Service Year April 1, 2008 to March 31, 2009

55 **Table 2.15** Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2004 to March 31, 2009

56 **Table 2.16** Basic Health Services: Percentage Changes to Rates in the Schedules of Benefits for October 1, 2003 to March 31, 2009

57 **Alternate Relationship Plans**

57 **Table 2.17** Alternate Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2008 to March 31, 2009

58 **Out-of-Country Health Coverage**

58 **Table 2.18** Out-of-Country Basic Health Services: Distribution of Payments, Number of Services and of Discrete Patients for the Service Year April 1, 2008 to March 31, 2009

59 **Table 2.19** Out-of-Country Health Services Program: Applications Reviewed for the Service Years Ended March 31, 2005-2009

59 **Table 2.20** Out-of-Country Health Services Program: Payments Made for Approved Applications for the Service Years Ended March 31, 2005-2009

60 **Primary Care Networks**

61 **Table 2.21** Primary Care Networks (PCN): Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2008 to March 31, 2009

62 **Section 3: Regional Data**

62 **Summary and Highlights**

63 **Figure 5** Map of Health Regions

64 **Explanatory Notes**

64 **Table 3.1** Distribution of Population Covered by Health Region Service Location as at March 31, 2009

65 **Table 3.2** Distribution of Payments to Physicians by Health Region Service Location and Recipient Location for the Service Year April 1, 2008 to March 31, 2009

67 **Table 3.3** Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009

69 **Table 3.4** Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009

70 Table 3.5 Number of General/Family Physicians by Payment Range and Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009

71 Table 3.6 Number of Physicians by Specialty Within the Health Regions for the Service Year April 1, 2008 to March 31, 2009

72 Table 3.7 Allied Health Services: Distribution of Services and Payments by Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009

73 **Section 4: Non-Group Supplementary Plans**

73 **Summary and Highlights**

74 Figure 6 Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2008 to March 31, 2009

74 **Explanatory Notes**

75 Table 4.1 Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2005-2009

76 Table 4.2 Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2005-2009

77 Table 4.3 Non-Group Supplementary Coverage: Persons Covered by Age and Gender as at March 31, 2004-2009

78 Table 4.4 Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2009

79 Table 4.5 Non-Group Supplementary Coverage: Number of Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year Ending March 31, 2009

80 Table 4.6 Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2005-2009

81 Table 4.7 Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2009

83 Table 4.8 Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year Ending March 31, 2009

84 Table 4.9 Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year Ending March 31, 2009

85 **Glossary/Definitions**

88 **Year at a Glance**

Introduction

What is the Alberta Health Care Insurance Plan (AHCIP)?

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It is established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to Albertans. They are:

- basic health coverage (for medically required services provided by physicians, dentists/ oral surgeons and hospitals, and limited coverage for services provided by chiropractors, optometrists and podiatrists). All residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out of the plan. Effective January 1, 2009, premiums were eliminated for all Albertans. Previously, there was a monthly premium for this coverage, except for those individuals and their dependants, who are enrolled in special coverage categories (such as seniors, recipients of Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.
- supplemental health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. These supplemental plans cover services beyond those required by the *Canada Health Act*. They are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. From April 1, 2008 to March 31, 2009, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

What can I find in the Statistical Supplement?

The Statistical Supplement is an extension of the *Alberta Ministry of Health and Wellness Annual Report Section I and II 2008/2009* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dentists/ oral surgeons, chiropractors, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary plans.

How is data reported in the Statistical Supplement?

This edition of the Statistical Supplement reports data for the period April 1, 2008 to March 31, 2009. Where feasible, data covers a five-year period to facilitate long-term comparisons. Regional health authority data are provided only for the most recent complete service year, since regional boundaries are subject to change, making data from previous years unsuitable for comparison. Health region boundaries were most recently adjusted on December 1, 2003.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some totals in the Statistical Supplement differ from those in the annual report. The Statistical Supplement uses claims payment data from the Claims Assessment System (CLASS), based on date-of-service, while the annual report uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System (IMAGIS).

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories;
- regional health authority services and costs (e.g. hospital and home care services and costs); and
- Alberta Cancer Board services and costs.

The *Alberta Ministry of Health and Wellness Annual Report Section I and II 2008/2009* provides a range of financial information pertaining to regions and the Alberta Cancer Board. A copy of the annual report can be found on the Alberta Health and Wellness website at www.health.alberta.ca.

Note: This document reflects the fiscal year of April 1, 2008 to March 31, 2009. Explanations of data and coverage may not be applicable for periods subsequent to March 31, 2009.

Section 1: Registration

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by premium status and subsidy level, and by age and gender, as at March 31, 2009.

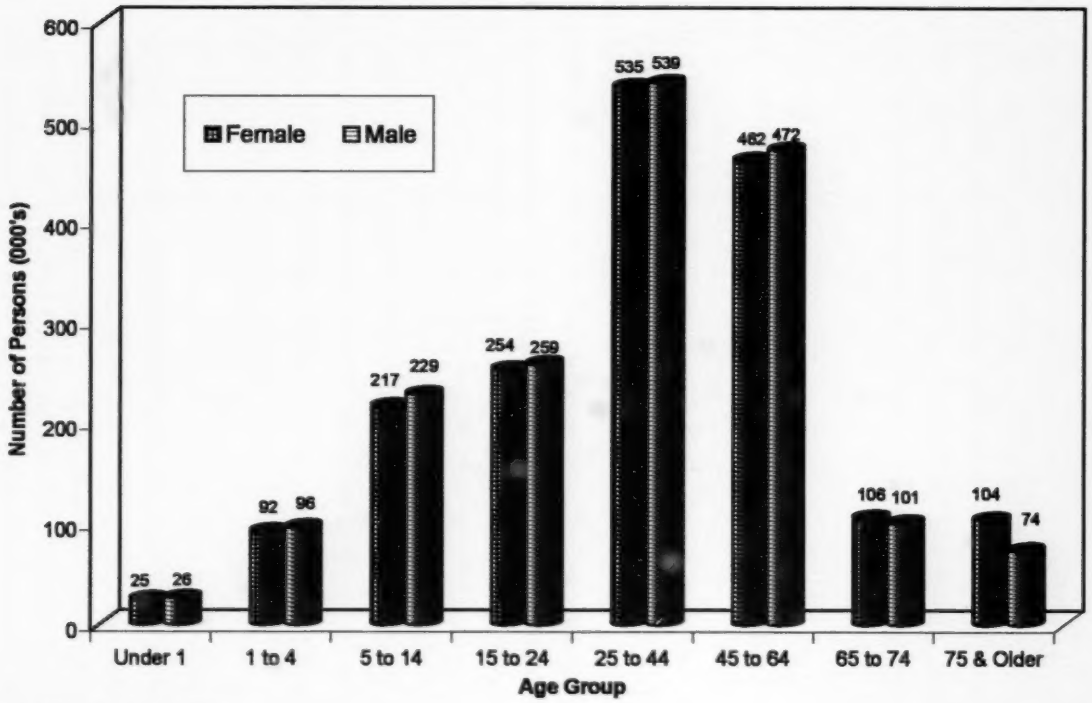
Highlights

- A total of 3,589,494 Albertans were entitled to basic health coverage. This is an increase of 3 per cent, compared to 2007/2008. Included in this total are 67,018 individuals who have temporary Canada entry documents (e.g. Minister's permits, work permits, study permits) and are registered with the AHCIP compared to 45,531 individuals in 2007/2008.
- On average, during 2008/2009, about 10,600 Albertans (3,900 registrations) per month were on the Waiver of Premiums Program compared to 6,300 Albertans (4,000 registrations) in 2007/2008.
- The number of Employment and Immigration Income Support recipients who received premium-free coverage was 97,516; an increase of nine per cent compared to the 2007/2008 year.
- In 2008/2009, the number of Albertans who chose to opt out of the AHCIP decreased to 283 compared to 292 in 2007/2008.

Figures and Charts

Figure 1 illustrates the number of Albertans covered for basic health services.

Figure 1
Population Covered for Basic Health Benefits
by Age and Gender as at March 31, 2009



Explanatory Notes

Income Support Category
This category is comprised of Albertans who receive financial benefits through the Employment and Immigration Income Support Program. Income Support recipients receive premium-free AHCIP coverage.

Individual and Group Category
This category is comprised of Albertans who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g. employers who submit premiums on behalf of their employees). Effective January 1, 2009, premiums were eliminated for all Albertans.

Opting Out
Every year, Albertans who object to the AHCIP may opt out. These individuals and their dependants are responsible for paying all of their health care expenses. Previously people who opted out did so for a full benefit year: July 1 of one year to June 30 of the following year. On April 1, 2007 the Opt Out program changed from a renewable one-year term to a three-year term with the resident having the option to rescind their decision to opt-out at any time.

Premium Assistance Programs
From April 1, 2008 to December 31, 2008 premium rates for AHCIP coverage were $88 per month for family coverage (two or more people) and $44 per month for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs residents could apply for:

- the Premium Subsidy Program and
- the Waiver of Premiums Program.

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single or there are children and/or a spouse/partner on the registration account.

2008/2009 Premium Subsidy Thresholds		
Family Category	**Full Subsidy***	**Full Premiums***
Single	under $17,450	over $20,970
Family - no children	under $26,200	over $33,240
Family - with children	under $32,210	over $39,250

*If the combined incomes of the applicant and his/her spouse/partner fall between the thresholds for full subsidy and full premiums, a partial subsidy is granted.

The Waiver of Premiums Program is designed to assist Albertans who are presently experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date the application is signed. If there is a spouse or adult interdependent partner on the account, both individuals are required to report their income. If the average monthly income is under the qualifying level (shown below), premiums are waived for a six-month period.

2008/2009 Waiver of Premium Thresholds	
Family Category	**Income Level**
Single	$1,430
Family - no children	$2,270
Family - with children	$2,670

Registrations
Registration data is based on the number of active registrations on the AHCIP files as of the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. There is usually one registration per family/household. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.
- Members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police, and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. However, any of their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

Seniors Category

Alberta Health and Wellness provides premium-free AHCIP coverage and Non-Group Supplementary Plan coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Employment and Immigration's Alberta Widows' Pension (AWP) plan. As of April 1, 2004, no new applications have been accepted and Employment and Immigration staff direct people who inquire about the AWP to appropriate income support programs. With no new applicants, the number of AWP recipients continues to decline.

Currently, recipients of AWP and their eligible dependants receive both premium-free AHCIP coverage and Non-Group Supplementary coverage. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Table 1.1
Number of Registrations and Population Covered as at March 31, 2005, 2006, 2007, 2008 and 2009[1]

Population Categories	Number of Registrations					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Individual and Group	1,272,089	1,310,030	1,369,270	1,417,542	1,477,507	2.98	4.52	3.53	4.23
Seniors	256,894	263,967	271,148	279,446	287,723	2.75	2.72	3.06	2.96
Widows' Pension	1,636	1,317	1,012	772	575	(19.50)	(23.16)	(23.72)	(25.52)
Income Support Recipients	56,800	55,559	56,741	57,996	62,380	(2.18)	2.13	2.21	7.56
Total	1,587,419	1,630,873	1,698,171	1,755,756	1,828,185	2.74%	4.13%	3.39%	4.13%

Population Categories	Population Covered					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Individual and Group	2,741,056	2,800,619	2,897,475	2,972,259	3,066,469	2.17	3.46	2.58	3.17
Seniors	376,993	387,723	398,676	411,700	424,900	2.85	2.82	3.27	3.21
Widows' Pension	1,778	1,415	1,079	813	609	(20.42)	(23.75)	(24.65)	(25.09)
Income Support Recipients	90,208	86,174	87,395	89,224	97,516	(4.47)	1.42	2.09	9.29
Total	3,210,035	3,275,931	3,384,625	3,473,996	3,589,494	2.05%	3.32%	2.64%	3.32%

(1) The population figures are as at March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered as at March 31, 2009[1] [2]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Individual and Group	1,477,507	3,066,469	734,073	734,073	743,434	2,332,396
Seniors	287,723	424,900	155,557	155,557	132,166	269,343
Widows' Pension	575	609	549	549	26	60
Income Support Recipients	62,380	97,516	45,760	45,760	16,620	51,756
Total	1,828,185	3,589,494	935,939	935,939	892,246	2,653,555

(1) The population figures are as at March 31, calculated in July.
(2) Some data included in previous years is no longer available. Due to the January 1, 2009 elimination of Alberta Health Care Insurance Plan premiums, non-subsidized and partial reduction data are not available.

Table 1.3
Distribution of Population by Age and Gender as at March 31, 2005, 2006, 2007, 2008 and 2009[1]

Gender / Age Group	Total Male and Female					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 1	40,517	42,345	46,276	48,991	50,732	4.51	9.28	5.87	3.55
1 - 4	158,354	163,440	171,756	179,252	188,440	3.21	5.09	4.36	5.13
5 - 9	206,883	206,546	209,644	212,480	217,209	(0.16)	1.50	1.35	2.23
10 - 14	227,377	226,653	227,270	226,400	228,002	(0.32)	0.27	(0.38)	0.71
15 - 19	236,176	238,690	242,793	245,327	247,120	1.06	1.72	1.04	0.73
20 - 24	237,132	242,791	253,204	257,848	265,410	2.39	4.29	1.83	2.93
25 - 29	231,404	237,671	251,514	265,300	283,714	2.71	5.82	5.48	6.94
30 - 34	230,953	233,747	243,674	252,759	265,892	1.21	4.25	3.73	5.20
35 - 39	234,910	238,786	247,224	253,676	262,071	1.65	3.53	2.61	3.31
40 - 44	273,916	268,707	266,877	262,568	262,542	(1.90)	(0.68)	(1.61)	(0.01)
45 - 49	268,455	273,737	280,346	285,348	290,941	1.97	2.41	1.78	1.96
50 - 54	221,753	234,312	247,449	258,358	268,829	5.66	5.61	4.41	4.05
55 - 59	176,968	187,239	193,283	199,725	210,968	5.80	3.23	3.33	5.63
60 - 64	126,021	131,377	142,809	153,512	162,869	4.25	8.55	7.65	6.10
65 - 69	98,603	101,780	106,016	110,832	116,458	3.22	4.16	4.54	5.08
70 - 74	85,401	86,193	87,008	88,523	90,354	0.93	0.95	1.74	2.07
75 - 79	68,194	70,705	72,662	74,087	75,156	3.68	2.77	1.96	1.44
80 - 84	47,789	49,303	50,361	51,986	53,654	3.17	2.15	3.23	3.21
85 & Older	39,229	41,909	44,659	47,024	49,133	6.83	6.56	5.30	4.48
Total	3,210,035	3,275,931	3,384,625	3,473,996	3,589,494	2.05%	3.32%	2.64%	3.32%

(1) The population figures are as at March 31, calculated in July.

Continued...

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2005, 2006, 2007, 2008 and 2009[1]

Gender / Age Group	Male					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 1	20,741	21,556	23,618	24,963	26,029	3.93	9.57	5.69	4.27
1 - 4	81,007	83,574	87,778	91,612	96,231	3.17	5.03	4.37	5.04
5 - 9	106,202	106,094	107,403	108,758	111,146	(0.10)	1.23	1.26	2.20
10 - 14	116,636	116,341	116,940	116,667	117,435	(0.25)	0.51	(0.23)	0.66
15 - 19	120,870	122,026	124,212	125,223	126,529	0.96	1.79	0.81	1.04
20 - 24	119,289	121,720	126,997	128,890	132,379	2.04	4.34	1.49	2.71
25 - 29	115,598	117,919	124,490	131,208	140,636	2.01	5.57	5.40	7.19
30 - 34	115,972	116,990	121,898	126,792	133,470	0.88	4.20	4.01	5.27
35 - 39	117,042	118,965	123,989	127,716	132,796	1.64	4.21	3.02	3.98
40 - 44	135,808	133,290	133,002	131,445	132,155	(1.85)	(0.22)	(1.17)	0.54
45 - 49	135,787	137,874	140,836	143,055	146,038	1.54	2.15	1.58	2.09
50 - 54	112,824	118,972	125,810	131,287	136,951	5.45	5.75	4.35	4.31
55 - 59	89,352	94,601	97,792	101,423	107,321	5.87	3.37	3.71	5.82
60 - 64	63,213	65,756	71,403	76,886	81,626	4.02	8.59	7.68	6.16
65 - 69	48,495	50,175	52,273	54,753	57,542	3.46	4.18	4.74	5.09
70 - 74	41,166	41,539	41,906	42,657	43,458	0.91	0.88	1.79	1.88
75 - 79	30,893	32,296	33,474	34,240	35,005	4.54	3.65	2.29	2.23
80 - 84	18,920	19,771	20,516	21,528	22,582	4.50	3.77	4.93	4.80
85 & Older	12,555	13,490	14,475	15,355	16,125	7.45	7.30	6.08	5.01
Total	1,602,370	1,632,949	1,688,792	1,734,458	1,795,434	1.91%	3.42%	2.70%	3.52%

(1) The population figures are as at March 31, calculated in July.

Continued...

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2005, 2006, 2007, 2008 and 2009[1]

Gender / Age Group	Female					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 1	19,776	20,789	22,658	24,028	24,703	5.12	8.99	6.05	2.81
1 - 4	77,347	79,866	83,978	87,640	92,209	3.26	5.15	4.36	5.21
5 - 9	100,681	100,452	102,241	103,722	106,063	(0.23)	1.78	1.45	2.26
10 - 14	110,741	110,312	110,330	109,733	110,567	(0.39)	0.02	(0.54)	0.76
15 - 19	115,306	116,864	118,581	120,104	120,591	1.18	1.64	1.28	0.41
20 - 24	117,843	121,071	126,207	128,958	133,031	2.74	4.24	2.18	3.16
25 - 29	115,806	119,752	127,024	134,092	143,078	3.41	6.07	5.56	6.70
30 - 34	114,981	116,757	121,776	125,967	132,422	1.54	4.30	3.44	5.12
35 - 39	117,868	119,821	123,255	125,960	129,275	1.66	2.87	2.19	2.63
40 - 44	138,108	135,417	133,875	131,123	130,387	(1.95)	(1.14)	(2.06)	(0.56)
45 - 49	132,668	135,863	139,510	142,293	144,903	2.41	2.68	1.99	1.83
50 - 54	108,929	115,340	121,639	127,071	131,878	5.89	5.46	4.47	3.78
55 - 59	87,616	92,638	95,491	98,302	103,647	5.73	3.08	2.94	5.44
60 - 64	62,808	65,621	71,206	76,626	81,243	4.48	8.51	7.61	6.03
65 - 69	50,108	51,605	53,743	56,079	58,916	2.99	4.14	4.35	5.06
70 - 74	44,235	44,654	45,102	45,866	46,896	0.95	1.00	1.69	2.25
75 - 79	37,301	38,409	39,188	39,847	40,151	2.97	2.03	1.68	0.76
80 - 84	28,869	29,532	29,845	30,458	31,092	2.30	1.06	2.05	2.08
85 & Older	26,674	28,419	30,184	31,669	33,008	6.54	6.21	4.92	4.23
Total	1,607,665	1,642,982	1,695,833	1,739,538	1,794,060	2.20%	3.22%	2.58%	3.13%

(1) The population figures are as at March 31, calculated in July.

Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dentists/oral surgeons and some services provided by podiatrists, optometrists and chiropractors. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans (ARP). See Table 2.17 for information about ARPs.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. ARP and Primary Care Network (PCN) data are reported separately in Tables 2.17 and 2.21.

Highlights

- In Alberta, 6,266 physicians and 1,647 allied practitioners received fee-for-service payments from the AHCIP during 2008/2009.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.75 per 1,000 patients.
- Of the 3,589,494 Albertans registered for coverage with the AHCIP, 83 per cent (2,968,190 people) received at least one fee-for-service physician service during 2008/2009.
    - A total of 69 per cent of these patients received fee-for-service physician services valued at $500 or less.
    - Sixteen per cent of these patients received fee-for-service physician services valued at more than $1,000. Payments for these patients' services accounted for 61 per cent of all fee-for-service physician expenditures.
- Office visits (assessments) and consultations accounted for 47 per cent of the fee-for-service payments made to Alberta physicians in 2008/2009. These services accounted for 73 per cent of the fee-for-service payments made to general/family physicians.
- About 27 per cent of Alberta's population, 983,127 Albertans, obtained allied health services (services provided by dentists/oral surgeons, optometrists, podiatrists and chiropractors) in 2008/2009.
- Alberta Health and Wellness spent $81,789,366 on optometry, podiatry and chiropractic services in 2008/2009. Coverage for these services is not required by the *Canada Health Act*.

- A total of $13,998,585 was spent on optometry care for Alberta's children in 2008/2009.
- The AHCIP paid fee-for-service totaling $1,937,972,135 to Alberta physicians and allied health practitioners in 2008/2009. This figure represents a 7.7 per cent increase compared to 2007/2008.
- In 2008/2009, the average total fee-for-service payment per Alberta physician was $295,516 (4.2 per cent higher than it was in 2007/2008). This brought the median payment to $243,945 (a 4.4 per cent increase compared to 2007/2008).
- A total of 865 physicians each received more than $500,000 in fee-for-service payments in 2008/2009. This represents an increase of 117 physicians compared to 2007/2008. Of the 865 physicians, 187 were general/family physicians, an increase of 28 physicians over 2007/2008.
- A total of 154 physicians each received more than $1 million in fee-for-service payments in 2008/2009. Twenty-five (25) of the 154 physicians received more than $2 million.
- In 2008/2009, a total of 1,267physicians participated in ARPs. A total of $207,096,337 was spent on ARP expenditures.
- As of March 31, 2009, 30 PCNs were operating in nine health regions. These 30 PCNs involve a total of 1,761 physicians who provide services to 1,963,713 patients.

Charts and Figures

The following chart outlines fee-for-service payments made to Alberta practitioners in 2008/2009.

2008/2009 Fee-For-Service Payments and Percentage Change

Practitioner Type	Overall Fee-For-Service Payments	Percentage Change from 2007/2008 to 2008/2009
Physicians*	$1,851,703,042	7.74
Dentists/Oral Surgeons	4,479,725	14.45
Chiropractors	46,038,049	0.71
Optometrists	27,425,569	21.14
Podiatrists	8,325,748	1.00
Allied Practitioner Sub-total	86,269,091	7.16
Total	**$1,937,972,135**	**7.71**

*$5.8 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).

The following chart outlines the number of Alberta practitioners who submitted fee-for-service claims to the AHCIP in 2008/2009.

2008/2009 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change		
Practitioner Type	Number of Practitioners	Percentage Change from 2007/2008 to 2008/2009
Physicians	6,266	3.43
Dentists/Oral Surgeons	202	(2.42)
Chiropractors	929	2.54
Optometrists	458	5.53
Podiatrists	58	5.45
Total	7,913	3.30

Figure 2
Average Fee-For-Service Payments per Albertan to Physicians for Basic Health Services by Age and Gender, for the Fiscal Year April 1, 2008 to March 31, 2009

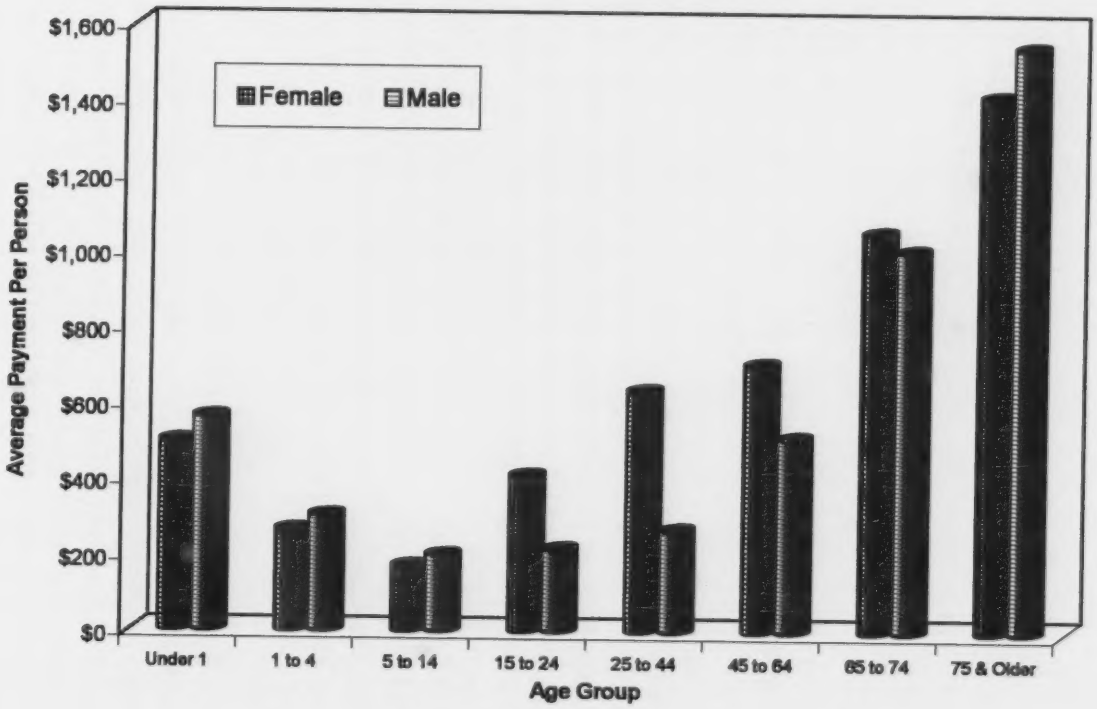
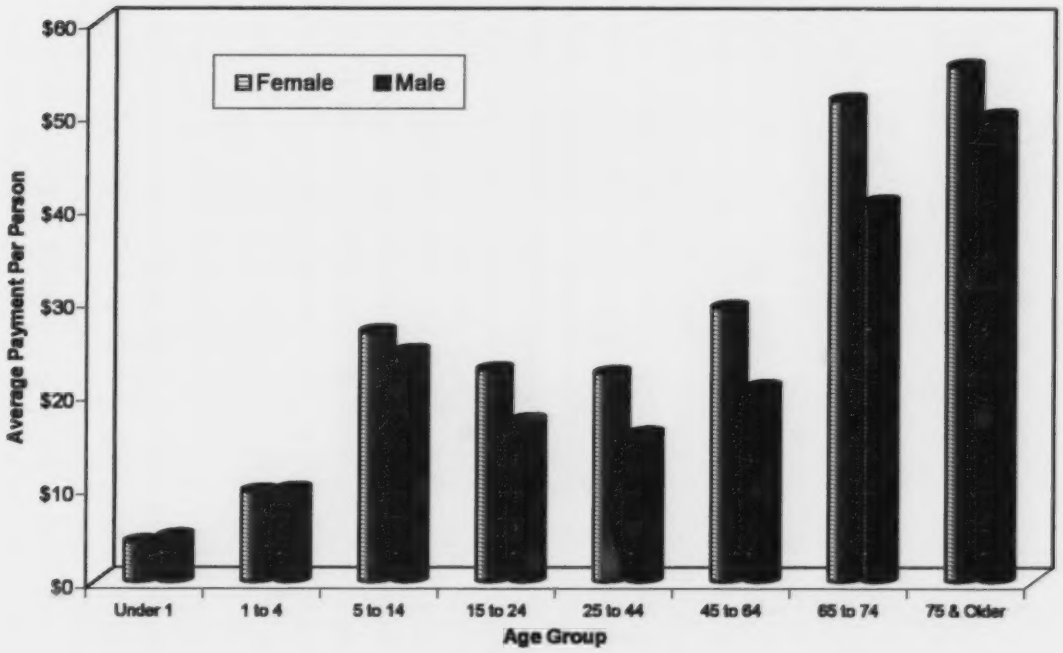


Figure 3
Average Fee-For-Service Payments per Albertan to Allied Practitioners for Basic Health Services by Age and Gender, for the Fiscal Year April 1, 2008 to March 31, 2009

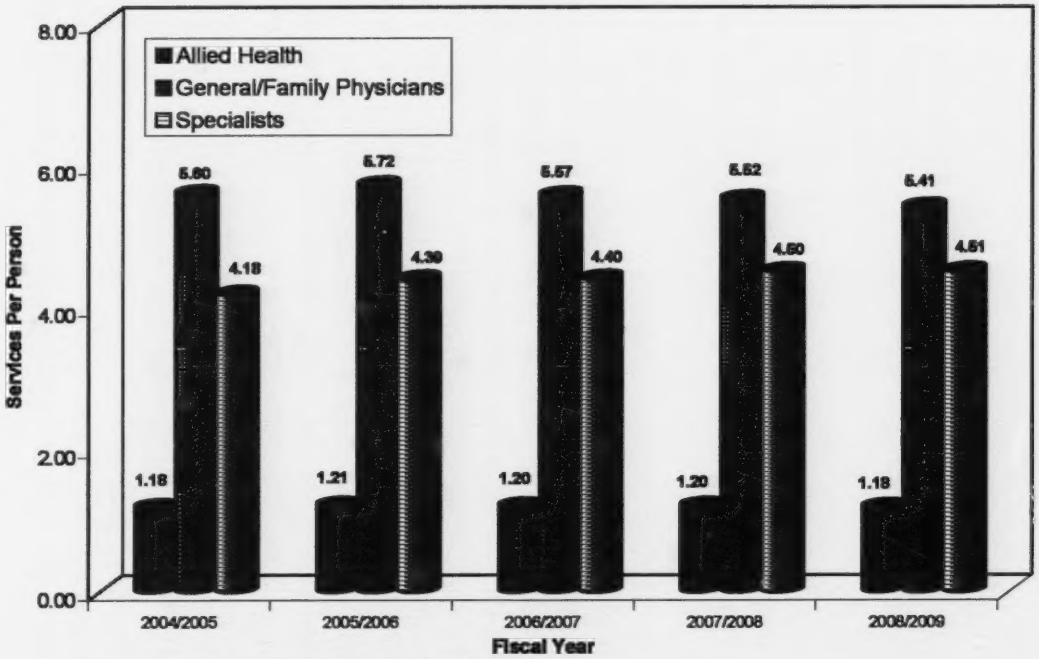


The following chart highlights the average fee-for-service cost per patient, by practitioner type. The total average cost per patient in 2008/2009 increased by six per cent over the previous year's cost.

2008/2009 Fee-For-Service Cost Per Patient By Practitioner Type and Percentage Change

Practitioner Type	Average Fee-For-Service Cost/Patient	Percentage Change from 2007/2008 to 2008/2009
Physicians	$623.85	5.68
Dentists/Oral Surgeons	371.92	7.40
Chiropractors	92.10	0.12
Optometrists	57.18	6.32
Podiatrists	86.35	(0.58)
Total	**$629.27**	**5.53**

Figure 4
Average Number of Basic Health Services per Person for the Fiscal Years Ended March 31, 2004 to March 31, 2008[1]



(1) The data excludes pathologists. See Explanatory Notes for more details.

Explanatory Notes

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

Pathology Services

The regional health authorities pay for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the Alberta Health Care Insurance Plan (AHCIP).

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to that of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income, because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and
- the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Under special circumstances, physicians can claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2008/2009. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternate Relationship Plan (ARP) data are reported separately from fee-for-service data (Table 2.17).

Over the past five years, a number of manual payments have been made.

Manual payments totaling $35,447,056 made to Alberta physicians for the service period October 1, 2006 to March 31, 2007, are not included in the data. These payments were made to address the 4.5 per cent fee increase negotiated through the Master Agreement and implemented retroactively to October 1, 2006.

Manual payments totaling $37,704,829 made to Alberta physicians for the service period April 1, 2007 to June 30, 2007 are not included in the data. These payments were made to address the 9.2 per cent fee increase negotiated through the Master Agreement implemented retroactively to April 1, 2007.

Manual payments totaling $57,264,523 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009 are not included in the data. These payments were made as part of the fee increase negotiated through the Master Agreement.

Clinical Stabilization Initiative (CSI) is part of the Amending Agreement to the Tri-Lateral Master Agreement for physicians. Effective September 1, 2007, CSI was established to address three specific emergent issues:

- Business Cost Program (BCP) - addresses the rising cost of medical practices in Alberta
- Rural Remote Northern Program - addresses the challenges of recruiting physicians to live and practice in rural, remote and northern areas of the province
- Communities in Crisis - addresses the challenges of recruiting physicians to live and practice in communities in crisis.

Manual payments for CSI, totaling $53,527,896 made to Alberta physicians for the service period September 1, 2007 to March 31, 2008, are not included in the data.

Manual payments for CSI, totaling $90,652,998 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data.

Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) who received fee-for-service payments from the AHCIP for basic health services.

Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date-of-service to submit claims to the AHCIP for payment.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Types of Service

The types of services reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

Chiropractic Services

During the 2008/2009 year, the maximum benefit paid by AHCIP was $14.00 for a chiropractic visit and $23.19 for an x-ray, with an annual patient limit of $200.

Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. Routine eye exams for Albertans aged 19 to 64 years of age are not covered by the AHCIP.

Manual payments totaling $791,248 made to Alberta optometrists for the service period April 1, 2006 to March 31, 2007 are not included in the data. These payments were made to address the 4.0 per cent increase negotiated through the Master Agreement and implemented retroactively to April 1, 2006.

Manual payments totaling $911,581 made to Alberta optometrists for the service period April 1, 2007 to September 30, 2007 are not included in the data. These payments were made to address the 8.7 per cent increase negotiated through the Master Agreement and implemented retroactively to April 1, 2007.

Manual payments totaling $3,023,303 made to Alberta optometrists, in 2008/2009 for the service period April 1, 2008 to February 28, 2009 are not included in the data.

Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250.

On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the services are provided by a podiatrist in a hospital or non-hospital surgical facility under contract to a regional health authority.

Manual payments totaling $32,505 made to Alberta podiatrists for the period January 1 to May 31, 2006 are not included in the data. These payments were made in relation to an agreement between Alberta Health and Wellness and the Alberta Podiatry Association to support podiatrists with credentials from the American Board of Podiatric Surgery or credentials from the American Board of Multiple Specialists in Podiatry and who have been granted hospital privileges by a regional health authority.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2005 to March 31, 2009

Indicators	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
REGISTRATIONS					
Population Covered	3,210,035	3,275,931	3,384,625	3,473,996	3,589,494
Number of Discrete Physician Patients (1)	2,728,340	2,789,879	2,848,553	2,911,621	2,968,190
Number of Discrete Patients per Physician	496	500	487	481	474
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	31,683,660	33,428,098	34,031,123	35,054,154	35,838,334
Number of Physicians	5,501	5,585	5,850	6,058	6,266
Number of Physicians per 1,000 Persons	1.71	1.70	1.73	1.74	1.75
Number of Services per Physician	5,760	5,985	5,817	5,786	5,719
Number of Services per 1,000 Persons	9,870	10,204	10,055	10,090	9,984
Total Physician Payments	$1,348,724,184	$1,472,634,054	$1,558,128,163	$1,718,717,023	$1,851,703,042
Physician Payment per 1,000 Persons	$420,159	$449,531	$460,355	$494,738	$515,867
Average Payment per Physician	$245,178	$263,677	$266,347	$283,710	$295,516
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	31,404,205	33,106,838	33,750,122	34,798,954	35,582,067
Number of Physicians	5,481	5,562	5,829	6,038	6,245
Number of Physicians per 1,000 Persons	1.71	1.70	1.72	1.74	1.74
Number of Services per Physician	5,730	5,952	5,790	5,763	5,698
Number of Services per 1,000 Persons	9,783	10,106	9,972	10,017	9,913
Total Physician Payments	$1,343,843,049	$1,466,988,776	$1,552,727,236	$1,713,185,942	$1,845,886,009
Physician Payment per 1,000 Persons	$418,638	$447,808	$458,759	$493,146	$514,247
Average Payment per Physician	$245,182	$263,752	$266,380	$283,734	$295,578
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	3,796,562	3,978,369	4,050,293	4,157,757	4,234,653
Number of Allied Practitioners	1,478	1,523	1,561	1,602	1,647
Number of Allied Practitioners per 1,000 Persons	0.46	0.46	0.46	0.46	0.46
Number of Services per Allied Practitioner	2,569	2,612	2,595	2,595	2,571
Number of Discrete Allied Patients (2)	820,959	863,748	889,943	931,755	983,127
Number of Discrete Patients per Allied Practitioner	555	567	570	582	597
Total Payments to Allied Practitioners	$68,398,242	$72,560,363	$74,846,593	$80,507,774	$86,269,092
Allied Practitioner Payment per 1,000 Persons	$21,308	$22,150	$22,114	$23,174	$24,034
Average Payment per Allied Practitioner	$46,278	$47,643	$47,948	$50,255	$52,380

Note: This table reflects fee-for-service data only.

Continued...

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2005 to March 31, 2009

Indicators	Percentage Change			
	2006/2005	2007/2006	2008/2007	2009/2008
REGISTRATIONS				
Population Covered	2.05%	3.32%	2.64%	3.32%
Number of Discrete Physician Patients (1)	2.26	2.10	2.21	1.94
Number of Discrete Patients per Physician	0.81	(2.60)	(1.23)	(1.46)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	5.51	1.80	3.01	2.24
Number of Physicians	1.53	4.74	3.56	3.43
Number of Physicians per 1,000 Persons	(0.58)	1.76	0.58	0.57
Number of Services per Physician	3.92	(2.81)	(0.53)	(1.16)
Number of Services per 1,000 Persons	3.38	(1.47)	0.36	(1.05)
Total Physician Payments	9.19	5.81	10.31	7.74
Physician Payment per 1,000 Persons	6.99	2.41	7.47	4.27
Average Payment per Physician	7.54	1.01	6.52	4.16
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	5.42	1.94	3.11	2.25
Number of Physicians	1.48	4.80	3.59	3.43
Number of Physicians per 1,000 Persons	(0.58)	1.18	1.16	0.00
Number of Services per Physician	3.89	(2.73)	(0.46)	(1.14)
Number of Services per 1,000 Persons	3.30	(1.33)	0.46	(1.04)
Total Physician Payments	9.16	5.84	10.33	7.75
Physician Payment per 1,000 Persons	6.97	2.45	7.50	4.28
Average Payment per Physician	7.57	1.00	6.51	4.17
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	4.79	1.81	2.65	1.85
Number of Allied Practitioners	3.04	2.50	2.63	2.81
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	0.00	0.00
Number of Services per Allied Practitioner	1.69	(0.67)	0.03	(0.93)
Number of Discrete Allied Patients (2)	5.21	3.03	4.70	5.51
Number of Discrete Patients per Allied Practitioner	2.10	0.52	2.02	2.63
Total Payments to Allied Practitioners	6.09	3.15	7.56	7.16
Allied Practitioner Payment per 1,000 Persons	3.95	(0.16)	4.80	3.71
Average Payment per Allied Practitioner	2.95	0.64	4.81	4.23

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.1A
Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2008 to March 31, 2009

Practitioner Type	Service Category Code	Number of Services	Total Payments
Chiropractors	Visit	3,301,142	45,500,073
	Test (x-ray)	23,334	537,976
Dentists/Oral Surgeons	Procedures	12,115	4,040,786
	Visit	5,960	438,940
Optometrists	Visit	602,073	27,425,569
Podiatrists	Procedures	72,760	2,243,814
	Test (x-ray)	12,524	179,570
	Visit	204,745	5,902,364
Total		4,234,653	$86,269,092

Note: This table reflects fee-for-service data only.

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2005 to March 31, 2009

Physician	Number of Physicians					Percentage Change			
Age Group	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	108	99	114	103	104	(8.33)	15.15	(9.65)	0.97
30 - 34	635	620	639	646	667	(2.36)	3.06	1.10	3.25
35 - 39	813	846	896	964	975	4.06	5.91	7.59	1.14
40 - 44	816	846	879	869	881	3.68	3.90	(1.14)	2.53
45 - 49	954	911	911	878	899	(4.51)	0.00	(3.62)	2.39
50 - 54	830	850	897	991	970	2.41	5.53	10.48	(2.12)
55 - 59	595	626	672	692	755	5.21	7.35	2.98	9.10
60 - 64	335	355	386	421	461	5.97	8.73	9.07	9.50
65 & Over	415	432	456	494	544	4.10	5.56	8.33	10.12
Total	5,501	5,585	5,850	6,058	6,266	1.53%	4.74%	3.56%	3.43%

Physician	Average Payments					Percentage Change			
Age Group	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	$132,000	$143,907	$127,203	$164,634	$177,010	9.02	(11.61)	29.43	7.52
30 - 34	181,204	207,866	213,870	230,354	226,333	14.71	2.89	7.71	(1.75)
35 - 39	237,156	243,281	259,216	287,914	295,418	2.58	6.55	11.07	2.61
40 - 44	242,651	257,770	264,220	285,680	305,093	6.23	2.50	8.11	6.80
45 - 49	265,143	291,591	276,763	298,286	312,252	9.98	(5.09)	7.78	4.68
50 - 54	300,445	314,691	320,418	316,515	333,888	4.74	1.82	(1.22)	5.49
55 - 59	283,807	304,750	318,221	333,915	352,001	7.38	4.42	4.93	5.42
60 - 64	263,155	290,651	271,229	294,671	313,318	10.45	(6.68)	8.64	6.33
65 & Over	166,881	181,808	185,028	195,297	197,928	8.94	1.77	5.55	1.35
Total	$245,178	$263,677	$266,347	$283,710	$295,516	7.54%	1.01%	6.52%	4.16%

Note: This table reflects fee-for-service data only.

Table 2.2A
Number of Chiropractors and Average Payments to Chiropractors within their Age Group for the Service Years Ended March 31, 2005 to March 31, 2009

Chiropractor Age Group	Number of Chiropractors					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	93	96	88	83	79	3.23	(8.33)	(5.68)	(4.82)
30 - 34	241	213	200	187	162	(11.62)	(6.10)	(6.50)	(13.37)
35 - 39	163	183	210	224	239	12.27	14.75	6.67	6.70
40 - 44	102	118	129	138	157	15.69	9.32	6.98	13.77
45 - 49	87	79	80	83	85	(9.20)	1.27	3.75	2.41
50 - 54	65	69	73	72	76	6.15	5.80	(1.37)	5.56
55 - 59	52	60	59	58	66	15.38	(1.67)	(1.69)	13.79
60 - 64	28	28	35	40	40	0.00	25.00	14.29	0.00
65 & Over	13	15	16	21	25	15.38	6.67	31.25	19.05
Total	844	861	890	906	929	2.01%	3.37%	1.80%	2.54%

Chiropractor Age Group	Average Payments					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	$20,202	$24,671	$22,389	$28,443	$28,115	22.12	(9.25)	27.04	(1.15)
30 - 34	39,005	39,256	40,178	38,893	38,171	0.64	2.35	(3.20)	(1.86)
35 - 39	50,384	49,555	50,733	51,461	49,287	(1.65)	2.38	1.44	(4.23)
40 - 44	48,566	53,041	52,600	57,024	58,247	9.21	(0.83)	8.41	2.15
45 - 49	68,348	64,608	63,030	60,623	51,082	(5.47)	(2.44)	(3.82)	(15.74)
50 - 54	60,024	64,870	62,234	66,577	68,822	8.07	(4.06)	6.98	3.37
55 - 59	61,627	59,162	57,485	56,593	53,764	(4.00)	(2.87)	(1.52)	(5.00)
60 - 64	52,438	53,789	54,837	57,229	51,600	2.58	1.58	4.74	(9.84)
65 & Over	76,936	72,820	71,665	61,189	60,971	(5.35)	(1.59)	(14.62)	(0.36)
Total	$47,353	$48,531	$48,854	$50,455	$49,557	2.49%	0.66%	3.28%	-1.78%

Note: This table reflects fee-for-service data only.

Table 2.2B

Number of Dentists/Oral Surgeons and Average Payments to Dentists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2005 to March 31, 2009

Dentist/Oral Surgeon Age Group	Number of Dentists/Oral Surgeons					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	11	6	4	4	3	(45.45)	(33.33)	0.00	(25.00)
30 - 34	16	22	28	19	21	37.50	27.27	(32.14)	10.53
35 - 39	38	33	27	30	24	(13.16)	(18.18)	11.11	(20.00)
40 - 44	34	43	38	41	45	26.47	(11.63)	7.89	9.76
45 - 49	40	41	41	36	29	2.50	0.00	(12.20)	(19.44)
50 - 54	33	34	36	32	32	3.03	5.88	(11.11)	0.00
55 - 59	23	31	24	24	26	34.78	(22.58)	0.00	8.33
60 - 64	12	13	13	16	17	8.33	0.00	23.08	6.25
65 & Over	9	7	9	5	5	(22.22)	28.57	(44.44)	0.00
Total	216	230	220	207	202	6.48%	-4.35%	-5.91%	-2.42%

Dentist/Oral Surgeon Age Group	Average Payments					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	$894	$409	$609	$898	$1,103	(54.26)	48.87	47.20	23.03
30 - 34	6,523	12,405	11,823	6,884	8,728	90.18	(4.69)	(41.77)	26.79
35 - 39	8,241	9,635	14,642	20,772	20,966	16.92	51.97	41.86	0.93
40 - 44	17,870	15,434	20,039	5,933	13,160	(13.63)	29.84	(70.39)	121.81
45 - 49	13,403	8,023	9,502	25,917	34,625	(40.14)	18.43	172.77	33.60
50 - 54	19,442	23,380	24,791	25,843	29,899	20.15	6.13	4.24	15.69
55 - 59	21,445	23,482	29,975	35,877	35,899	9.49	27.65	19.69	0.06
60 - 64	8,070	9,423	8,355	16,015	16,000	16.77	(11.34)	91.69	(0.09)
65 & Over	4,547	6,485	4,097	7,181	6,298	42.64	(36.83)	75.27	(12.29)
Total	$13,165	$14,243	$16,533	$18,908	$22,177	8.19%	16.07%	14.37%	17.29%

Note: This table reflects fee-for-service data only.

Table 2.2C
Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2005 to March 31, 2009

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	53	50	56	68	80	(5.66)	12.00	21.43	17.65
30 - 34	84	86	88	91	94	2.38	2.33	3.41	3.30
35 - 39	55	68	71	85	84	23.64	4.41	19.72	(1.18)
40 - 44	32	29	33	38	46	(9.38)	13.79	15.15	21.05
45 - 49	39	38	35	30	28	(2.56)	(7.89)	(14.29)	(6.67)
50 - 54	38	40	40	41	42	5.26	0.00	2.50	2.44
55 - 59	33	33	31	32	35	0.00	(6.06)	3.23	9.38
60 - 64	21	25	27	28	28	19.05	8.00	3.70	0.00
65 & Over	12	13	16	21	21	8.33	23.08	31.25	0.00
Total	367	382	397	434	458	4.09%	3.93%	9.32%	5.53%

Optometrist Age Group	Average Payments					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 30	$42,820	$45,386	$42,627	$40,371	$47,619	5.99	(6.06)	(5.29)	17.95
30 - 34	53,587	54,855	51,149	57,050	64,002	2.37	(6.76)	11.54	12.19
35 - 39	48,626	50,262	48,556	51,717	64,682	3.36	(3.39)	6.51	25.03
40 - 44	52,114	56,267	55,264	52,810	59,986	7.97	(1.78)	(4.80)	14.02
45 - 49	59,031	59,075	53,860	58,176	67,399	0.07	(8.83)	8.01	15.85
50 - 54	54,248	58,574	64,237	69,394	75,581	7.98	9.67	8.03	8.92
55 - 59	50,339	50,975	44,879	48,554	62,395	1.26	(11.96)	8.19	28.51
60 - 64	48,318	61,726	50,453	55,926	50,412	27.75	(18.26)	10.85	(9.86)
65 & Over	17,506	20,495	27,305	28,420	35,809	17.08	33.23	4.08	26.00
Total	$50,034	$52,859	$49,885	$52,163	$59,881	5.25%	-5.27%	4.57%	14.80%

Note: This table reflects fee-for-service data only.

Table 2.2D
Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2005 to March 31, 2009

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 35	5	4	7	7	7	(20.00)	75.00	0.00	0.00
35 - 39	19	16	17	12	10	(15.79)	6.25	(29.41)	(16.67)
40 - 44	10	14	12	14	16	40.00	(14.29)	16.67	14.29
45 - 49	7	6	6	7	10	(14.29)	0.00	16.67	42.86
50 - 54	4	3	5	6	6	(25.00)	66.67	20.00	0.00
55 & Over	6	7	7	9	9	16.67	0.00	28.57	0.00
Total	51	50	54	55	58	-1.96%	8.00%	1.85%	5.45%

Podiatrist Age Group	Average Payments					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Under 35	$123,458	$113,785	$85,084	$107,353	$102,447	(7.85)	(25.21)	26.17	(4.57)
35 - 39	144,884	162,630	166,607	171,736	139,007	12.40	2.45	3.08	(19.06)
40 - 44	167,149	151,933	148,872	181,302	193,938	(9.10)	(2.01)	21.78	6.97
45 - 49	125,412	141,465	216,249	153,872	152,515	12.80	52.86	(28.94)	(0.75)
50 - 54	131,127	125,309	129,424	110,876	98,648	(4.44)	3.28	(14.33)	(11.03)
55 & Over	130,995	139,162	140,330	127,943	110,947	6.23	0.84	(8.83)	(13.28)
Total	$141,689	$147,661	$148,760	$149,873	$143,547	4.21%	-0.61%	2.12%	-4.22%

Note: This table reflects fee-for-service data only.

Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2008 to March 31, 2009[1]

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients[2]	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	1,851,703,042	35,838,334	$51.67	2,968,190	$623.85	12
Dentists/Oral Surgeons	4,479,725	18,075	247.84	12,045	371.92	2
Chiropractors	46,038,049	3,324,476	13.85	499,863	92.10	7
Optometrists	27,425,569	602,073	45.55	479,618	57.18	1
Podiatrists	8,325,748	290,029	28.71	96,423	86.35	3
Total	$1,937,972,135	40,072,987		3,079,722		
Averages Based on Totals			$48.36		$629.27	13

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2005 to March 31, 2009

Practitioner Type	Number of Services					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Physicians	31,683,660	33,428,098	34,031,123	35,054,154	35,838,334	5.51	1.80	3.01	2.24
Dentists/Oral Surgeons	14,658	17,007	16,783	16,769	18,075	16.03	-1.32	-0.08	7.79
Chiropractors	3,052,733	3,198,845	3,264,139	3,329,123	3,324,476	4.79	2.04	1.99	-0.14
Optometrists	440,891	469,263	471,847	518,584	602,073	6.44	0.55	9.91	16.10
Podiatrists	288,280	293,254	297,524	293,281	290,029	1.73	1.46	-1.43	-1.11
Total	35,480,222	37,406,467	38,081,416	39,211,911	40,072,987	5.43%	1.80%	2.97%	2.20%

Note: This table reflects fee-for-service data only.

Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2005 to March 31, 2009

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients(1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2004/2005	$11,427,267	280,094	$40.80	240,976	$47.42	1.16	821,643
2005/2006	$11,979,569	285,371	$41.98	249,878	$47.94	1.14	829,526
2006/2007	$11,788,511	286,037	$41.14	255,491	$46.06	1.12	849,493
2007/2008	$12,734,895	296,837	$42.89	264,947	$48.07	1.12	862,884
2008/2009	$13,998,585	311,988	$44.87	277,508	$50.44	1.12	879,601

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2008 to March 31, 2009(1)

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients(2)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2008/2009	$3,338,666	80,401	$41.53	57,655	$57.91	1.39	2,325,138

Note: This table reflects fee-for-service data only.

(1) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams under optometry services for Albertans age 19 to 64 years of age are not covered.

(2) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5C
Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2005 to March 31, 2009

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients(1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2004/2005	$6,935,096	160,797	$43.13	108,889	$63.69	1.48	339,216
2005/2006	$8,136,349	183,892	$44.25	126,172	$64.49	1.46	349,890
2006/2007	$8,035,835	185,810	$43.25	129,953	$61.84	1.43	360,706
2007/2008	$8,820,617	195,593	$45.10	135,981	$64.87	1.44	372,452
2008/2009	$10,088,319	209,686	$48.11	144,720	$69.71	1.45	384,755

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2005 to March 31, 2009[1]

Practitioner Type	Number of Practitioners					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2005/2006	2006/2007	2007/2008	2008/2009
Physicians	5,501	5,585	5,850	6,056	6,266	1.53	4.74	3.56	3.43
Dentists/Oral Surgeons	216	230	220	207	202	6.48	(4.35)	(5.91)	(2.42)
Chiropractors	844	861	890	908	929	2.01	3.37	1.80	2.54
Optometrists	367	382	397	434	458	4.09	3.93	9.32	5.53
Podiatrists	51	50	54	55	58	(1.96)	8.00	1.85	5.45
Total	6,979	7,108	7,411	7,660	7,913	1.85%	4.26%	3.36%	3.30%

Practitioner Type	Total Payments					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2005/2006	2006/2007	2007/2008	2008/2009
Physicians	$1,346,724,184	$1,472,634,054	$1,558,128,163	$1,718,717,023	$1,851,703,042	9.19	5.81	10.31	7.74
Dentists/Oral Surgeons	2,843,636	3,275,978	3,637,243	3,913,975	4,479,725	15.20	11.03	7.61	14.45
Chiropractors	39,986,107	41,785,422	43,479,957	45,711,999	46,038,049	4.55	4.06	5.13	0.71
Optometrists	18,362,362	20,115,918	19,804,346	22,636,799	27,425,569	9.55	(1.55)	14.31	21.14
Podiatrists	7,226,135	7,383,045	7,925,047	8,243,000	8,325,748	2.17	7.34	4.01	1.00
Total	$1,417,122,426	$1,545,194,417	$1,632,974,756	$1,799,224,796	$1,937,972,135	9.04%	5.68%	10.18%	7.71%

Practitioner Type	Average Payment					Percentage Change			
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2005/2006	2006/2007	2007/2008	2008/2009
Physicians	$245,178	$263,677	$266,347	$283,710	$295,516	7.54	1.01	6.52	4.16
Dentists/Oral Surgeons	13,165	14,243	16,533	18,906	22,177	8.19	16.07	14.37	17.29
Chiropractors	47,353	48,531	48,854	50,455	49,557	2.49	0.66	3.28	(1.78)
Optometrists	50,034	52,659	49,885	52,163	59,881	5.25	(5.27)	4.57	14.80
Podiatrists	141,669	147,661	146,760	149,873	143,547	4.21	(0.61)	2.12	(4.22)
Total	$203,055	$217,368	$220,345	$234,886	$244,910	7.06%	1.36%	6.60%	4.27%

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2005 to March 31, 2009[1] [2]

Dollar Range	Total					Physicians					Dentists/Oral Surgeons				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Less than $10,000	568	570	655	648	678	271	271	347	350	389	178	192	186	171	166
10,000- 19,999	310	278	268	274	309	163	134	132	141	180	12	11	8	8	8
20,000- 39,999	554	545	587	572	571	255	237	254	254	242	5	4	2	5	5
40,000- 59,999	514	508	496	541	501	221	226	206	224	191	3	2	3	1	1
60,000- 79,999	458	434	483	475	453	246	204	254	235	194	5	5	4	6	4
80,000- 99,999	335	328	352	348	395	231	206	230	209	239	6	6	5	2	4
100,000-119,999	309	291	300	291	308	255	233	238	223	230	3	5	1	4	4
120,000-139,999	296	293	270	264	244	268	259	242	228	210	1		3	1	1
140,000-159,999	281	270	266	270	265	260	252	247	254	243		1	3	1	1
160,000-179,999	248	265	273	254	267	243	256	262	243	256		1	1	2	1
180,000-199,999	247	276	269	251	242	242	270	262	245	233			1	1	1
200,000-299,999	1,309	1,224	1,250	1,232	1,213	1,299	1,214	1,237	1,217	1,199	2	1	1	3	2
300,000-399,999	748	863	876	943	983	746	862	875	940	979	1	1	1	1	3
400,000-499,999	354	432	461	547	617	354	431	461	547	616		1			
500,000-599,999	150	190	212	284	302	150	189	212	283	302				1	
600,000-699,999	81	98	126	148	184	80	98	124	147	183			1		
700,000-799,999	54	72	66	87	114	54	72	68	87	113					1
800,000-899,999	43	33	37	47	60	43	33	37	47	60					
900,000-999,999	36	34	39	34	53	36	34	39	34	53					
1,000,000-1,999,999	75	86	103	127	129	75	86	103	127	129					
2,000,000 & Over[3]	9	18	20	23	25	9	18	20	23	25					
Total	6,979	7,108	7,411	7,660	7,913	5,501	5,585	5,850	6,058	6,266	216	230	220	207	202

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) The figures have been revised for 2005 and 2006 to reflect those physicians and allied practitioners that are in the gross payment range of $2,000,000 and over.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2005 to March 31, 2009[1] [2]

Dollar Range	Chiropractors					Optometrists					Podiatrists				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Less than $10,000	90	77	93	90	96	28	30	26	36	27	1		3	1	
10,000- 19,999	99	101	91	83	86	34	32	37	42	34	2				1
20,000- 39,999	208	219	231	225	235	86	84	100	86	85		1		2	4
40,000- 59,999	194	193	187	207	208	92	84	99	107	98	4	3	1	2	3
60,000- 79,999	131	136	135	140	150	75	86	84	91	100	1	3	6	3	5
80,000- 99,999	64	75	87	90	90	28	38	28	43	58	6	3	2	4	4
100,000-119,999	36	31	41	43	36	13	14	14	14	32	2	8	6	7	6
120,000-139,999	13	20	15	17	17	7	9	5	10	6	7	5	5	8	8
140,000-159,999	5	5	4	4	4	4	3	2	3	8	12	9	10	8	9
160,000-179,999		1	2	3	2		2	1	1	4	5	5	7	5	4
180,000-199,999	2	2	2	2	2			1		2	3	4	3	3	4
200,000-299,999	1		1	1	2				1	2	7	9	11	10	8
300,000-399,999											1			2	1
400,000-499,999															1
500,000-599,999		1													
600,000-699,999	1		1	1	1										
700,000-799,999															
800,000-899,999															
900,000-999,999															
1,000,000-1,999,999															
2,000,000 & Over[3]															
Total	844	861	890	908	929	367	362	397	434	458	51	50	54	55	58

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) The figures have been revised for 2005 and 2006 to reflect those physicians and allied practitioners that are in the gross payment range of $2,000,000 and over.

Table 2.8
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2005 to March 31, 2009

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2004/2005	$1,348,724,184	31,683,660	$42.57	2,728,340	$494.34	11.61	3,210,035
2005/2006	$1,472,634,054	33,428,098	$44.05	2,789,879	$527.85	11.98	3,275,931
2006/2007	$1,558,128,163	34,031,123	$45.79	2,848,553	$546.99	11.95	3,384,625
2007/2008	$1,718,717,023	35,054,154	$49.03	2,911,621	$590.30	12.04	3,473,996
2008/2009	$1,851,703,042	35,838,334	$51.67	2,968,190	$623.85	12.07	3,589,494
Percentage Change 2009/2008	7.74	2.24	5.38	1.94	5.68	0.29	3.32
Annual Average % Change for Last 5 Years	8.25	3.13	4.96	2.13	5.99	0.98	2.83

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.9
Distribution of Discrete Patients by Payment Range
for Services Provided by Physicians
for the Service Year April 1, 2008 to March 31, 2009

Dollar Range	Distribution of		
	Discrete Patients[1]	Payments	Services
$ 0.01 - 50.00	296,521	10,345,188	303,664
50.01 - 100.00	374,874	28,918,827	735,455
100.01 - 200.00	545,025	80,553,502	1,886,933
200.01 - 300.00	364,458	90,285,179	2,016,555
300.01 - 400.00	261,184	90,812,463	1,988,181
400.01 - 500.00	194,509	87,079,119	1,875,553
500.01 - 600.00	145,707	79,812,355	1,695,537
600.01 - 700.00	111,620	72,318,892	1,516,289
700.01 - 800.00	87,210	65,239,479	1,346,573
800.01 - 900.00	69,619	59,068,492	1,201,895
900.01 - 1,000.00	56,430	53,503,252	1,068,086
1,000.01 - 2,000.00	272,383	380,482,597	7,159,150
2,000.01 - 3,000.00	93,134	226,092,869	3,929,298
3,000.01 - 4,000.00	41,290	141,984,902	2,434,902
4,000.01 - 5,000.00	20,167	89,667,980	1,559,185
5,000.01 & Over	34,059	295,537,946	5,121,078
Total	2,968,190	$1,851,703,042	35,838,334

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range
for Services Provided by Physicians
for the Service Year April 1, 2008 to March 31, 2009

Dollar Range	Percentage Distribution		
	Discrete Patients[1]	Payments	Services
$ 0.01 - 50.00	9.99	0.56	0.85
50.01 - 100.00	12.63	1.56	2.05
100.01 - 200.00	18.36	4.35	5.27
200.01 - 300.00	12.28	4.88	5.63
300.01 - 400.00	8.80	4.90	5.55
400.01 - 500.00	6.55	4.70	5.23
500.01 - 600.00	4.91	4.31	4.73
600.01 - 700.00	3.76	3.91	4.23
700.01 - 800.00	2.94	3.52	3.76
800.01 - 900.00	2.35	3.19	3.35
900.01 - 1,000.00	1.90	2.89	2.98
1,000.01 - 2,000.00	9.18	20.55	19.98
2,000.01 - 3,000.00	3.14	12.21	10.96
3,000.01 - 4,000.00	1.39	7.67	6.79
4,000.01 - 5,000.00	0.68	4.84	4.35
5,000.01 & Over	1.15	15.96	14.29
Total	100.00	100.00	100.00

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2005 to March 31, 2009

Physicians by Specialty	Number of Practitioners				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Total: All Physicians	5,501	5,585	5,850	6,058	6,266
Subtotal:					
All Physicians (except Pathology)	5,481	5,562	5,829	6,038	6,245
All Specialists (except GP/FPs & Pathology)	2,455	2,440	2,592	2,677	2,753
Physicians by Specialty					
Anaesthesiology	281	291	304	312	323
Cardiovascular and Thoracic Surgery	22	25	25	29	22
Dermatology	40	39	39	39	39
Emergency Medicine	68	72	78	79	84
General/Family Physicians (GP/FPs)	3,026	3,122	3,237	3,361	3,492
- General/Family Physicians	2,845	2,937	3,032	3,145	3,274
- Full Time Emergency Room Physicians	157	160	172	182	189
- Mental Health Generalists	18	18	20	19	15
- Other General Practice Physicians(1)	6	7	13	15	14
General Surgery	155	157	170	170	170
- General Surgery designated specialty	139	141	153	155	156
- Other General Surgery	16	16	17	15	14
Internal Medicine	507	437	483	513	569
- Internal Medicine designated specialty	246	214	228	227	244
- Cardiology	61	50	58	62	71
- Endocrinology/Metabolism	7	2	2	3	3
- Gastroenterology	45	36	39	48	52
- Infectious Diseases	15	11	17	18	19
- Other Internal Medicine	133	124	139	155	180
Neurology	62	68	69	71	45
Neurosurgery	6	7	14	12	10
Obstetrics-Gynaecology	143	149	163	168	171
Ophthalmology	90	94	100	97	102
Orthopaedic Surgery	117	125	131	132	133
Otolaryngology	41	41	43	51	55
Paediatrics	223	216	231	232	219
Physical Medicine & Rehabilitation	30	29	32	32	34
Plastic Surgery	44	47	46	49	51
Psychiatry	342	352	357	372	387
Urology	43	45	48	48	49
Laboratory Specialists	261	269	280	291	311
- Pathology	20	23	21	20	21
- Radiology	241	246	259	271	290

Note: This table reflects fee-for-service data only.

(1) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2005 to March 31, 2009[1]

Physicians by Specialty	Average Payment				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Total: All Physicians	$245,178	$263,677	$266,347	$283,710	$295,516
Subtotal:					
All Physicians (except Pathology)	245,182	263,752	266,380	283,734	295,578
All Specialists (except GP/FPs & Pathology)	304,239	334,368	335,770	357,101	374,909
Physicians by Specialty					
Anaesthesiology	250,467	262,975	270,945	295,514	303,748
Cardiovascular and Thoracic Surgery	526,835	518,261	532,365	438,390	556,342
Dermatology	487,498	565,833	600,540	617,993	645,936
Emergency Medicine	171,518	188,638	202,127	227,074	229,956
General/Family Physicians (GP/FPs)	197,269	208,562	210,816	225,298	233,036
- General/Family Physicians	197,521	207,617	210,417	224,827	231,902
- Full Time Emergency Room Physicians	196,961	232,440	230,628	248,598	262,989
- Mental Health Generalists	201,927	197,192	204,779	204,112	245,511
- Other General Practice Physicians[2]	71,755	88,439	50,972	68,360	80,618
General Surgery	322,037	340,271	334,201	354,065	379,562
- General Surgery designated specialty	326,086	343,368	338,938	355,570	378,628
- Other General Surgery	286,859	312,974	291,562	338,511	389,961
Internal Medicine	244,325	300,025	290,103	301,931	314,814
- Internal Medicine designated specialty	210,232	235,310	224,337	252,839	261,489
- Cardiology	519,419	662,565	603,784	585,500	558,214
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	251,750	307,171	314,300	289,821	323,368
- Infectious Diseases	53,617	69,336	58,957	61,044	72,056
- Other Internal Medicine	210,851	288,752	291,866	297,039	316,298
Neurology	181,869	169,392	178,485	151,029	220,684
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	363,105	379,155	384,628	415,905	440,763
Ophthalmology	599,613	622,174	628,110	708,341	710,840
Orthopaedic Surgery	305,382	322,215	321,179	339,498	372,227
Otolaryngology	490,010	526,027	491,682	466,270	457,863
Paediatrics	145,548	160,456	157,458	177,671	187,432
Physical Medicine & Rehabilitation	124,001	139,223	146,779	186,930	189,985
Plastic Surgery	339,758	344,828	356,521	366,792	382,087
Psychiatry	207,799	226,401	230,125	249,638	259,736
Urology	349,112	367,567	372,643	414,478	440,840
Laboratory Specialists	592,154	640,121	660,782	696,402	699,210
- Pathology	244,057	245,447	257,187	276,554	277,002
- Radiology	621,042	677,022	693,506	729,535	729,784

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10A
Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2005 to March 31, 2009[1]

Physicians by Specialty	Percentage Change			
	2006/2005	2007/2006	2008/2007	2009/2008
Total: All Physicians	7.54%	1.01%	6.52%	4.16%
Subtotal:				
All Physicians (except Pathology)	7.57	1.00	6.51	4.17
All Specialists (except GP/FPs & Pathology)	9.90	0.42	6.35	4.99
Physicians by Specialty				
Anaesthesiology	4.99	3.03	9.07	2.79
Cardiovascular and Thoracic Surgery	(1.63)	2.72	(17.65)	26.91
Dermatology	16.07	6.13	2.91	4.52
Emergency Medicine	9.98	7.15	12.34	1.27
General/Family Physicians (GP/FPs)	5.72	1.08	6.87	3.43
- General/Family Physicians	5.11	1.35	6.85	3.15
- Full Time Emergency Room Physicians	18.01	(0.78)	7.79	5.79
- Mental Health Generalists	(2.34)	3.85	(0.33)	20.28
- Other General Practice Physicians[2]	23.25	(42.37)	34.11	17.93
General Surgery	5.66	(1.78)	5.94	7.20
- General Surgery designated specialty	5.30	(1.29)	4.91	6.48
- Other General Surgery	9.10	(6.84)	16.10	15.20
Internal Medicine	22.80	(3.31)	4.08	4.27
- Internal Medicine designated specialty	11.93	(4.66)	12.71	3.42
- Cardiology	27.56	(8.87)	(3.03)	(4.66)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	22.01	2.32	(7.79)	11.57
- Infectious Diseases	29.32	(14.97)	3.54	18.04
- Other Internal Medicine	36.95	1.08	1.77	6.48
Neurology	(6.86)	5.37	(15.38)	46.12
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	4.42	1.44	8.13	5.98
Ophthalmology	3.76	0.95	12.77	0.35
Orthopaedic Surgery	5.51	(0.32)	5.70	9.64
Otolaryngology	7.35	(6.53)	(5.17)	(1.80)
Paediatrics	10.24	(1.87)	12.84	5.49
Physical Medicine & Rehabilitation	12.28	5.43	27.36	1.63
Plastic Surgery	1.49	3.39	2.88	4.17
Psychiatry	8.95	1.65	8.48	4.05
Urology	5.29	1.38	11.23	6.36
Laboratory Specialists	8.10	3.23	5.69	0.12
- Pathology	0.57	4.78	7.53	0.16
- Radiology	9.01	2.43	5.20	0.03

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2005 to March 31, 2009[1]

Physicians by Specialty	Median Payment				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Total: All Physicians	$206,290	$219,552	$218,283	$233,610	$243,945
Subtotal:					
All Physicians (except Pathology)	206,903	219,903	218,764	234,195	244,329
All Specialists (except GP/FPs & Pathology)	244,864	272,349	267,106	285,982	307,103
Physicians by Specialty					
Anaesthesiology	259,428	262,510	272,651	294,925	309,461
Cardiovascular and Thoracic Surgery	524,139	527,897	505,955	319,071	566,228
Dermatology	438,569	543,800	553,329	504,361	514,690
Emergency Medicine	161,205	180,514	180,945	213,476	197,644
General/Family Physicians (GP/FPs)	188,092	196,813	199,146	209,778	216,359
- General/Family Physicians	187,290	193,458	196,841	208,025	213,279
- Full Time Emergency Room Physicians	202,451	235,446	225,229	249,928	259,653
- Mental Health Generalists	228,259	211,694	207,757	181,420	260,542
- Other General Practice Physicians[2]	59,645	111,737	13,888	21,571	30,078
General Surgery	337,241	347,241	326,974	359,201	386,927
- General Surgery designated specialty	339,697	347,702	338,929	360,751	386,927
- Other General Surgery	308,489	306,219	284,000	337,007	383,215
Internal Medicine	144,555	241,416	208,475	219,389	232,107
- Internal Medicine designated specialty	136,501	187,174	165,368	187,595	200,216
- Cardiology	553,138	636,507	611,951	612,808	527,693
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	154,561	307,718	299,540	248,403	232,032
- Infectious Diseases	49,543	65,987	49,468	47,016	28,315
- Other Internal Medicine	120,358	212,437	213,762	209,244	240,673
Neurology	183,059	151,177	162,336	75,499	179,003
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	344,093	354,268	362,387	392,837	401,534
Ophthalmology	498,291	529,181	513,240	590,839	577,507
Orthopaedic Surgery	321,064	334,523	339,793	360,170	400,722
Otolaryngology	471,779	510,524	430,400	383,559	443,484
Paediatrics	103,909	123,417	106,387	126,068	119,228
Physical Medicine & Rehabilitation	112,857	127,262	134,178	181,045	182,253
Plastic Surgery	356,038	365,567	368,685	381,659	382,746
Psychiatry	205,354	219,090	223,088	239,557	246,269
Urology	361,810	382,561	401,469	427,910	433,312
Laboratory Specialists	467,977	466,773	551,415	523,417	584,498
- Pathology	2,028	2,895	2,315	2,868	2,873
- Radiology	486,886	502,008	576,182	566,890	616,457

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10B
Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2005 to March 31, 2009[1]

Physicians by Specialty	Percentage Change			
	2006/2005	2007/2006	2008/2007	2009/2008
Total: All Physicians	6.43%	-0.58%	7.02%	4.42%
Subtotal:				
All Physicians (except Pathology)	6.28	(0.52)	7.05	4.33
All Specialists (except GP/FPs & Pathology)	11.32	(1.93)	7.07	7.39
Physicians by Specialty				
Anaesthesiology	1.19	3.86	8.17	4.93
Cardiovascular and Thoracic Surgery	0.72	(4.16)	(36.94)	77.46
Dermatology	23.99	1.75	(8.85)	2.05
Emergency Medicine	11.98	0.24	17.98	(7.42)
General/Family Physicians (GP/FPs)	4.64	1.19	5.34	3.14
- General/Family Physicians	3.29	1.75	5.68	2.53
- Full Time Emergency Room Physicians	16.30	(4.34)	10.97	3.89
- Mental Health Generalists	(7.26)	(1.86)	(12.68)	43.61
- Other General Practice Physicians[2]	87.34	(87.57)	55.32	39.44
General Surgery	2.97	(5.84)	9.86	7.72
- General Surgery designated specialty	2.36	(2.52)	6.44	7.26
- Other General Surgery	(0.74)	(7.26)	18.86	13.71
Internal Medicine	67.01	(13.64)	5.24	5.80
- Internal Medicine designated specialty	37.12	(11.65)	13.44	6.73
- Cardiology	15.07	(3.86)	0.14	(13.89)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	99.09	(2.66)	(17.07)	(6.59)
- Infectious Diseases	33.19	(25.03)	(4.96)	(39.78)
- Other Internal Medicine	76.50	0.62	(2.11)	15.02
Neurology	(17.42)	7.38	(53.49)	137.09
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	2.96	2.29	8.40	2.21
Ophthalmology	6.20	(3.01)	15.12	(2.26)
Orthopaedic Surgery	4.19	1.58	6.00	11.26
Otolaryngology	8.21	(15.69)	(10.88)	15.62
Paediatrics	18.78	(13.80)	18.50	(5.43)
Physical Medicine & Rehabilitation	12.76	5.43	34.93	0.67
Plastic Surgery	2.68	0.85	3.52	0.29
Psychiatry	6.69	1.82	7.38	2.80
Urology	5.74	4.94	6.59	1.26
Laboratory Specialists	(0.26)	18.13	(5.08)	11.67
- Pathology	42.71	(20.03)	23.79	0.24
- Radiology	3.11	14.78	(1.61)	8.74

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through payment fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and and occupational medicine.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	1,069,343	389	1,036,556	375	553,662	229
10,000- 19,999	2,665,455	180	2,665,455	180	1,204,764	83
20,000- 39,999	7,361,857	242	7,361,857	242	2,716,989	90
40,000- 59,999	9,639,709	191	9,639,709	191	3,429,227	69
60,000- 79,999	13,706,733	194	13,706,733	194	4,785,935	68
80,000- 99,999	21,601,518	239	21,503,989	238	7,700,692	86
100,000-119,999	25,342,113	230	25,342,113	230	7,914,258	72
120,000-139,999	27,400,405	210	27,400,405	210	7,367,984	56
140,000-159,999	36,319,174	243	36,319,174	243	11,906,702	80
160,000-179,999	43,595,437	256	43,595,437	256	11,721,599	69
180,000-199,999	44,257,307	233	44,257,307	233	15,621,943	82
200,000-299,999	299,657,749	1,199	299,429,198	1,198	92,832,747	370
300,000-399,999	339,120,435	979	339,120,435	979	144,543,576	412
400,000-499,999	274,918,281	616	274,502,876	615	140,251,687	313
500,000-599,999	164,332,660	302	163,799,346	301	111,345,681	204
600,000-699,999	118,383,322	183	118,383,322	183	86,174,862	133
700,000-799,999	84,572,670	113	84,572,670	113	69,791,362	93
800,000-899,999	50,828,908	60	50,828,908	60	45,654,686	54
900,000-999,999	50,219,461	53	49,244,158	52	44,533,500	47
1,000,000-1,999,999	172,553,169	129	169,019,024	127	157,914,829	118
2,000,000 & Over	64,157,336	25	64,157,336	25	64,157,336	25
Total	$1,851,703,042	6,266	$1,845,886,009	6,245	$1,032,124,022	2,753

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	22,362	5			334	2
10,000- 19,999	43,076	3	32,227	2		
20,000- 39,999	319,761	11				
40,000- 59,999	99,675	2			44,838	1
60,000- 79,999	637,140	9				
80,000- 99,999	546,356	6			91,273	1
100,000-119,999	879,506	8				
120,000-139,999	1,042,470	8			136,604	1
140,000-159,999	1,180,402	8				
160,000-179,999	1,884,495	11			340,126	2
180,000-199,999	2,264,321	12				
200,000-299,999	18,509,521	73	717,035	3	493,765	2
300,000-399,999	30,746,891	88	1,331,922	4	378,467	1
400,000-499,999	25,291,820	57	453,161	1	3,555,187	8
500,000-599,999	7,184,046	13	1,132,456	2	1,563,625	3
600,000-699,999	1,887,092	3	1,911,432	3	2,708,572	4
700,000-799,999	760,727	1	1,538,597	2	2,320,972	3
800,000-899,999	1,709,876	2	1,744,642	2	3,287,610	4
900,000-999,999	1,833,419	2	949,276	1	940,905	1
1,000,000-1,999,999	1,267,546	1	2,428,770	2	6,721,237	5
2,000,000 & Over					2,607,975	1
Total	$98,110,502	323	$12,239,518	22	$25,191,491	39

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000			482,893	146	24,276	4
10,000- 19,999	28,242	2	1,460,691	97	86,774	6
20,000- 39,999	73,906	2	4,644,869	152	226,964	8
40,000- 59,999	52,812	1	6,210,482	122	142,198	3
60,000- 79,999	297,484	4	8,920,798	126	203,935	3
80,000- 99,999	372,254	4	13,803,297	152	448,061	5
100,000-119,999	211,864	2	17,427,854	158	230,426	2
120,000-139,999	524,194	4	20,032,421	154	399,506	3
140,000-159,999	591,940	4	24,412,472	163	429,376	3
160,000-179,999	2,031,860	12	31,873,838	187	172,391	1
180,000-199,999	1,537,711	8	28,635,364	151	387,980	2
200,000-299,999	5,704,389	22	206,596,451	828	5,477,486	22
300,000-399,999	4,178,469	12	194,576,858	567	10,377,156	29
400,000-499,999	1,358,974	3	134,251,189	302	13,007,360	29
500,000-599,999	1,095,563	2	52,453,664	97	11,930,674	22
600,000-699,999	1,256,627	2	32,208,460	50	10,503,891	16
700,000-799,999			14,781,308	20	4,511,023	6
800,000-899,999			5,174,222	6	1,642,095	2
900,000-999,999			4,710,659	5	2,775,305	3
1,000,000-1,999,999			11,104,195	9	1,548,600	1
2,000,000 & Over						
Total	$19,316,287	84	$813,761,987	3,492	$64,525,478	170

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	202,324	107	13,520	11	11,485	5
10,000- 19,999	298,445	21	73,302	5		
20,000- 39,999	744,655	24	27,227	1	39,221	1
40,000- 59,999	804,641	16			87,926	2
60,000- 79,999	1,045,864	15	212,129	3	74,703	1
80,000- 99,999	1,238,100	14				
100,000-119,999	2,290,435	21	224,159	2		
120,000-139,999	1,443,764	11				
140,000-159,999	2,070,821	14			152,928	1
160,000-179,999	2,526,715	15	179,003	1		
180,000-199,999	1,519,122	8	191,279	1		
200,000-299,999	13,578,542	55	1,094,306	4		
300,000-399,999	20,768,640	59	2,432,769	7		
400,000-499,999	23,486,604	52	1,705,866	4		
500,000-599,999	21,256,842	39	1,128,405	2		
600,000-699,999	17,610,061	27	1,925,725	3		
700,000-799,999	19,363,650	26	723,088	1		
800,000-899,999	14,356,952	17				
900,000-999,999	8,566,777	9				
1,000,000-1,999,999	25,974,160	19				
2,000,000 & Over						
Total	$179,129,115	569	$9,930,778	45	$366,263	10

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	5,578	2	1,002	1	4,128	1
10,000- 19,999	41,468	3	57,099	4	78,580	5
20,000- 39,999	253,374	9	25,460	1	131,057	4
40,000- 59,999	145,002	3	41,352	1	106,151	2
60,000- 79,999	336,099	5			67,287	1
80,000- 99,999	537,442	6	94,245	1	460,308	5
100,000-119,999	218,540	2			321,517	3
120,000-139,999	534,263	4			131,029	1
140,000-159,999	452,717	3	453,720	3	315,066	2
160,000-179,999	176,848	1	171,994	1		
180,000-199,999	1,180,969	6	574,229	3	1,313,812	7
200,000-299,999	3,571,796	15	2,968,178	12	4,449,107	17
300,000-399,999	8,981,972	26	3,143,204	9	6,348,621	18
400,000-499,999	11,576,960	26	3,108,803	7	13,973,820	31
500,000-599,999	9,841,375	18	5,589,737	10	12,508,203	23
600,000-699,999	10,908,147	17	4,584,565	7	4,364,085	7
700,000-799,999	5,931,936	8	5,318,602	7	3,908,910	5
800,000-899,999	1,696,483	2	4,273,244	5		
900,000-999,999	4,807,263	5	2,925,878	3		
1,000,000-1,999,999	12,104,147	9	29,419,532	23	1,024,480	1
2,000,000 & Over	2,068,077	1	9,754,872	4		
Total	$75,370,455	171	$72,505,715	102	$49,506,161	133

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	11,778	2	122,086	48		
10,000- 19,999	10,867	1	137,798	10	51,868	4
20,000- 39,999	59,212	2	396,508	13		
40,000- 59,999	108,141	2	511,481	11		
60,000- 79,999	227,418	3	210,680	3	212,538	3
80,000- 99,999	94,802	1	1,353,039	15	193,739	2
100,000-119,999	351,523	3	1,084,809	10		
120,000-139,999			392,542	3	269,165	2
140,000-159,999	149,428	1	1,185,586	8	610,359	4
160,000-179,999	167,693	1	856,085	5	339,701	2
180,000-199,999			1,143,583	6	755,071	4
200,000-299,999	1,000,411	4	7,427,980	30	1,915,747	8
300,000-399,999	1,466,435	4	8,155,539	23	690,185	2
400,000-499,999	3,628,889	8	6,742,127	15	839,609	2
500,000-599,999	3,320,188	6	7,525,798	14	581,512	1
600,000-699,999	3,318,244	5	2,601,925	4		
700,000-799,999	5,315,731	7				
800,000-899,999	857,635	1				
900,000-999,999	1,869,323	2				
1,000,000-1,999,999	3,224,757	2	1,200,035	1		
2,000,000 & Over						
Total	$25,182,475	55	$41,047,603	219	$6,459,495	34

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	2,591	1	22,229	7	12,807	2
10,000- 19,999	24,078	2	176,646	10	11,861	1
20,000- 39,999			263,408	9		
40,000- 59,999			932,750	18	50,427	1
60,000- 79,999	144,203	2	623,285	9		
80,000- 99,999	164,353	2	1,290,541	15		
100,000-119,999			1,982,405	18	119,075	1
120,000-139,999	129,683	1	1,967,484	15		
140,000-159,999			3,294,332	22	148,844	1
160,000-179,999	176,449	1	2,014,435	12	171,837	1
180,000-199,999			3,599,842	19		
200,000-299,999	1,581,145	6	20,539,157	82	727,589	3
300,000-399,999	4,163,857	12	29,995,498	86	3,689,056	10
400,000-499,999	4,521,763	10	16,148,054	36	5,382,656	12
500,000-599,999	5,527,715	10	9,025,925	17	4,490,162	8
600,000-699,999	1,321,595	2	4,558,555	7	2,664,870	4
700,000-799,999			711,900	1	2,130,145	3
800,000-899,999	1,729,022	2	2,469,652	3	815,167	1
900,000-999,999			901,697	1		
1,000,000-1,999,999					1,186,668	1
2,000,000 & Over						
Total	$19,486,454	51	$100,517,796	387	$21,601,163	49

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2008 to March 31, 2009[1] [2]

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	32,788	14	97,162	31
10,000- 19,999			52,432	4
20,000- 39,999			156,236	5
40,000- 59,999			301,831	6
60,000- 79,999			493,171	7
80,000- 99,999	97,528	1	816,178	9
100,000-119,999				
120,000-139,999			397,280	3
140,000-159,999			871,184	6
160,000-179,999			511,967	3
180,000-199,999			1,154,023	6
200,000-299,999	228,551	1	3,076,592	12
300,000-399,999			7,694,896	22
400,000-499,999	415,405	1	5,490,035	12
500,000-599,999	533,314	1	7,641,455	14
600,000-699,999			14,049,477	22
700,000-799,999			17,256,081	23
800,000-899,999			11,072,308	13
900,000-999,999	975,302	1	18,983,656	20
1,000,000-1,999,999	3,534,145	2	71,814,896	53
2,000,000 & Over			49,726,413	19
Total	$5,817,034	21	$211,837,273	290

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2008 to March 31, 2009[1]

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full-Time Equivalent Physicians		Average Payment per Full Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory)[3]	5,955	5,157.6	33.3	49.7	$316,862	696
All Specialists (except GP/FPs & Laboratory)	2,463	2,057.4	32.2	51.1	398,793	1,745
Physicians by Specialty						
Anaesthesiology	323	288.9	35.0	46.1	339,558	12,423
Cardiovascular and Thoracic Surgery	22	19.4	36.4	45.5	632,672	185,504
Dermatology	39	36.7	14.0	18.0	686,936	97,888
Emergency Medicine	84	79.5	34.5	46.4	242,942	45,145
General/Family Physicians (GP/FPs)	3,492	3,026.7	33.9	48.6	268,862	1,186
- General/Family Physicians	3,274	2,834.1	33.9	48.8	267,901	1,267
- Full Time Emergency Room Physicians	189	170.0	35.5	47.1	292,333	21,111
- Mental Health Generalists	15	13.0	40.0	46.7	283,559	276,327
- Other General Practice Physicians[4]	14	12.1	28.6	50.0	93,024	295,919
General Surgery	170	141.9	33.5	48.8	454,879	25,305
- General Surgery designated specialty	156	129.7	33.3	48.7	455,559	27,684
- Other General Surgery	14	12.8	35.7	42.9	427,320	280,868
Internal Medicine	569	399.9	27.4	58.5	447,954	8,976
- Internal Medicine designated specialty	244	172.7	27.9	57.8	369,473	20,786
- Cardiology	71	56.4	33.8	50.7	702,453	63,621
- Gastroenterology	52	30.3	23.1	67.3	555,940	118,661
- Infectious Diseases	19	10.5	21.1	68.4	130,765	342,836
- Other Internal Medicine	183	124.1	27.3	58.5	463,526	28,931
Neurology	45	28.9	26.7	57.8	343,415	124,118
Neurosurgery	10	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	171	154.2	35.1	47.4	488,890	23,283
Ophthalmology	102	94.8	36.3	45.1	765,246	37,884
Orthopaedic Surgery	133	111.4	35.3	46.6	444,403	32,222
Otolaryngology	55	43.7	30.9	52.7	576,091	82,121
Paediatrics	219	155.5	28.3	56.2	264,050	23,091
Physical Medicine and Rehabilitation	34	30.5	32.4	50.0	212,133	117,882
Plastic Surgery	51	47.0	39.2	43.1	414,789	76,405
Psychiatry	387	342.0	35.9	45.7	293,883	10,495
Urology	49	44.9	34.7	49.0	480,725	79,891

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of FTEs in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the FTEs in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (21 Pathology and 290 Radiology Physicians) are excluded.

(4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2008 to March 31, 2009[1][2]

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	$1,851,703,042	$186,543,817	$134,422,254	$553,211,280	$56,684,585
Subtotal					
All Physicians (except Pathology)	1,845,888,009	186,218,808	134,422,254	553,200,881	56,684,585
All Specialists (except GP/FPs & Pathology)	1,032,124,022	169,014,816	34,537,527	73,887,280	24,375,211
Anaesthesiology	98,110,502	3,458,122	48,431	2,987,705	22,095
Cardiovascular and Thoracic Surgery	12,239,518	1,028,808	10,258	198,874	224,784
Dermatology	25,191,491	5,702,085	1,537,816	3,348,500	448
Emergency Medicine	19,316,287	1,603,491	229,593	10,154,052	806
General/Family Physicians (GP/FPs)	813,761,987	17,204,191	99,884,727	479,313,600	32,309,374
- General/Family Physicians	759,245,736	14,305,069	99,214,027	447,881,736	32,269,794
- Full Time Emergency Room Physicians	49,704,932	2,730,912	447,932	30,753,949	31,225
- Mental Health Generalists	3,882,881	22,804	168,254	124,731	5,034
- Other General Practice Physicians[3]	1,128,658	145,407	54,514	753,185	3,321
General Surgery	84,525,478	18,085,414	160,998	3,108,973	1,584,832
- General Surgery designated specialty	59,066,024	16,718,804	140,571	2,794,111	1,471,196
- Other General Surgery	5,459,454	1,366,610	20,427	312,862	93,736
Internal Medicine	179,129,115	56,458,837	2,869,850	14,043,165	17,337,858
- Internal Medicine designated specialty	63,803,260	28,185,028	1,436,181	7,530,575	12,062,985
- Cardiology	39,633,204	8,978,415	284,005	856,821	1,490,170
- Endocrinology/Metabolism	574,981	11,881	1,494	3,879	
- Gastroenterology	16,815,017	7,398,235	107,549	847,092	594,977
- Infectious Diseases	1,369,087	959,566	28,353	237,230	128,534
- Other Internal Medicine	56,933,585	10,927,731	1,012,287	4,567,768	3,043,213
Neurology	9,930,778	6,753,688	171,253	781,218	401,149
Neurosurgery	366,283	392	464	1,445	1,432
Obstetrics-Gynaecology	75,370,455	13,339,335	2,135,585	12,160,511	572,768
Ophthalmology	72,505,715	8,792,483	12,893,230	4,943,859	3,196
Orthopaedic Surgery	49,508,161	10,650,014	331,297	3,274,018	323,811
Otolaryngology	25,182,475	5,374,058	299,911	1,193,045	20,798
Paediatrics	41,047,603	11,467,827	10,538,233	12,500,098	3,067,156
Physical Medicine and Rehabilitation	6,459,495	2,477,346	23,486	1,253,216	743,472
Plastic Surgery	19,486,454	2,315,981	655,470	1,444,508	18,878
Psychiatry designated specialty	100,517,798	14,819,821	2,433,609	548,633	2,421
Urology	21,601,163	6,164,307	175,301	1,878,683	71,204
Laboratory Specialists	217,454,307	849,635	22,780	103,177	
- Pathology	5,817,034	325,009		10,419	
- Radiology	211,637,273	524,626	22,780	92,758	

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2008 to March 31, 2009[1][2]

Physicians by Specialty	Special Calls	Psycho-therapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	$40,580,170	$116,718,504	$244,757,247	$21,197,933
Subtotal				
All Physicians (except Pathology)	40,580,170	116,718,504	244,754,871	21,197,933
All Specialists (except GP/FPs & Pathology)	1,995,548	72,016,296	222,369,205	7,363,632
Anaesthesiology	7,986	634,544	59,827,804	1,439,879
Cardiovascular and Thoracic Surgery	894	1,880	10,419,601	11,426
Dermatology	1,240	570	6,180,066	1,245,830
Emergency Medicine	69,264	378,519	580,536	755,638
General/Family Physicians (GP/FPs)	38,564,622	44,702,208	22,385,665	13,834,300
- General/Family Physicians	38,455,574	40,914,418	21,043,895	11,242,746
- Full Time Emergency Room Physicians	118,208	664,237	1,341,670	2,577,027
- Mental Health Generalists	10,738	2,958,770		4,695
- Other General Practice Physicians[3]	102	146,784	100	9,833
General Surgery	118,669	28,194	30,865,971	928,404
- General Surgery designated specialty	114,522	28,050	27,618,701	910,381
- Other General Surgery	4,148	144	3,267,270	18,023
Internal Medicine	429,153	78,061	6,223,319	266,865
- Internal Medicine designated specialty	330,235	26,297	219,022	205,826
- Cardiology	41,112	35	4,857,811	70
- Endocrinology/Metabolism				
- Gastroenterology	10,897	699	40,928	29,834
- Infectious Diseases	3,992			
- Other Internal Medicine	42,916	49,030	1,305,558	31,334
Neurology	30,682	3,343	1,866	
Neurosurgery			342,522	292
Obstetrics-Gynaecology	993,565	93,031	10,407,831	40,554
Ophthalmology	144,702		26,237,674	176,155
Orthopaedic Surgery	30,563	22,414	34,260,898	134,546
Otolaryngology	32,165	173	8,011,015	1,691,604
Paediatrics	94,497	1,129,280	159,127	129,914
Physical Medicine and Rehabilitation	923	742,462	538	2,839
Plastic Surgery	5,934	493	14,294,254	478,722
Psychiatry designated specialty	6,790	68,877,925		379
Urology	28,203	25,406	9,480,371	44,616
Laboratory Specialists	118		3,038,188	16,172
- Pathology			2,376	
- Radiology	118		3,035,812	16,172

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2008 to March 31, 2009[1][2]

Physicians by Specialty	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	$629	$21,103,876	$44,441,669	$184,383,956
Subtotal				
All Physicians (except Pathology)	629	21,103,876	44,441,669	184,383,956
All Specialists (except GP/FPs & Pathology)		17,458,616	27,592,401	183,747,651
Anaesthesiology		15,620,623	4,590,040	1,299,677
Cardiovascular and Thoracic Surgery		42,778		969
Dermatology		80,065		
Emergency Medicine		2,795	1,402	
General/Family Physicians (GP/FPs)	629	3,645,260	16,849,268	636,306
- General/Family Physicians	629	3,611,694	16,754,311	593,351
- Full Time Emergency Room Physicians		33,565	94,957	42,955
- Mental Health Generalists				
- Other General Practice Physicians[3]				
General Surgery		17,198	41,100	42,813
- General Surgery designated specialty		14,102	41,100	36
- Other General Surgery		3,096		42,776
Internal Medicine		138,737	35,619	7,884,657
- Internal Medicine designated specialty		721		171,823
- Cardiology				7,351,914
- Endocrinology/Metabolism				546
- Gastroenterology		121		
- Infectious Diseases				
- Other Internal Medicine		137,894	35,619	360,372
Neurology		93,311		
Neurosurgery			19,260	
Obstetrics-Gynaecology		8,701	22,889,078	5,600,973
Ophthalmology		277	123	5,085,880
Orthopaedic Surgery		84,422	2,452	172
Otolaryngology		58,602	4,239	1,392
Paediatrics		437	8,898	831
Physical Medicine and Rehabilitation		409,224		
Plastic Surgery		2,265		
Psychiatry designated specialty				
Urology		66,489	173	
Laboratory Specialists		634,691		163,850,267
- Pathology				
- Radiology		634,691		163,850,267

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2008 to March 31, 2009[1][2]

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$40,730,230	$169,334,196	$13,022,428	$24,570,269
Subtotal				
All Physicians (except Pathology)	40,730,230	163,658,404	13,018,990	24,570,269
All Specialists (except GP/FPs & Pathology)	40,730,230	136,487,403	1,580,725	18,967,698
Anaesthesiology		6,336,903	28,004	1,808,689
Cardiovascular and Thoracic Surgery		260,831		40,415
Dermatology		6,808,487	12,630	277,954
Emergency Medicine		5,257,360	250	282,580
General/Family Physicians (GP/FPs)		27,371,001	11,438,266	5,602,570
- General/Family Physicians		17,237,128	11,421,150	4,500,216
- Full Time Emergency Room Physicians		10,128,259	6,084	713,973
- Mental Health Generalists		589	720	388,346
- Other General Practice Physicians[3]		5,045	10,333	35
General Surgery		9,207,769	4,214	332,828
- General Surgery designated specialty		8,890,264	2,762	321,424
- Other General Surgery		317,505	1,452	11,404
Internal Medicine	3,982,147	66,993,850	32,795	2,374,203
- Internal Medicine designated specialty		13,132,933	26,608	453,087
- Cardiology	3,405,110	12,457,132	8	112,802
- Endocrinology/Metabolism	557,037	163		
- Gastroenterology		7,750,375		34,511
- Infectious Diseases		11,873	1,304	413
- Other Internal Medicine		33,641,575	4,878	1,773,409
Neurology		1,607,808	13,772	92,487
Neurosurgery		436		
Obstetrics-Gynaecology		5,675,191	1,368,449	88,904
Ophthalmology		12,241,303	70	6,762
Orthopaedic Surgery		282,794	21,884	68,876
Otolaryngology		8,467,426	1,240	26,806
Paediatrics		1,698,710	24,188	228,409
Physical Medicine and Rehabilitation		702,033	72,851	31,325
Plastic Surgery		245,248	15	28,709
Psychiatry designated specialty		586,156	55	13,244,007
Urology		3,637,484	1,269	27,658
Laboratory Specialists	36,798,083	11,955,389	4,678	11,108
- Pathology		5,475,792	3,438	
- Radiology	36,798,083	6,479,597	1,240	11,108

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2008 to March 31, 2009[1][2]

Service Type	Age & Gender	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	547	56,570	685	88,302	277	27,326
	M	449	47,372	832	105,016	347	33,988
Major Assessment	F	569	44,726	1,817	134,240	571	45,634
	M	379	30,177	1,853	137,468	601	48,310
Other Assessment	F	4,639	184,034	3,792	170,683	3,203	132,906
	M	3,094	124,228	4,173	188,375	3,461	144,844
Hospital Care Days	F	441	16,580	613	32,059	105	5,904
	M	372	15,004	708	37,050	107	5,963
Special Calls	F	108	13,317	82	11,645	93	12,618
	M	74	9,295	94	12,997	103	14,188
Psychotherapy/Counselling	F	958	37,853	11	455	25	1,142
	M	694	27,385	19	844	45	2,057
Major Surgery	F	959	69,045	310	25,493	238	14,978
	M	896	67,330	577	37,652	405	24,102
Minor Surgery	F	78	4,751	28	1,542	74	5,227
	M	105	7,059	44	2,676	110	8,015
Surgical Assistance	F						
	M						
Anaesthesiology	F	377	10,186	69	1,589	232	4,166
	M	51	1,576	69	1,592	258	4,623
Obstetrical Services	F	168	24,772				
	M	0	0				
Diagnostic & Therapeutic Services, Radiology	F	900	77,035	43	3,339	69	3,822
	M	371	25,720	52	4,142	78	3,993
Laboratory Services	F	80	15,689			–	10
	M	25	7,008			–	26
Other Diagnostic & Therapeutic Services	F	1,479	47,359	454	25,528	577	9,928
	M	1,293	46,991	540	31,083	736	11,986
Special Services[3]	F	445	6,667	2	13	11	141
	M	72	591	3	21	13	166
Miscellaneous Services[4]	F	177	6,738	37	1,285	24	868
	M	173	6,952	41	1,438	31	1,104
Total	F	11,923	$615,122	7,743	$496,173	5,498	$264,670
	M	8,047	$416,689	8,808	$560,354	6,296	$303,365

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) – equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD

(4) Miscellaneous Services are a group of health services codes that don't fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2008 to March 31, 2009[1][2]

Service Type \ Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	219	19,273	347	32,884	543	53,141
	M	309	26,493	226	21,175	282	28,351
Major Assessment	F	283	22,460	397	30,551	545	41,770
	M	298	23,801	174	13,522	211	16,355
Other Assessment	F	1,865	73,881	3,687	150,766	4,740	191,904
	M	1,861	75,354	1,727	71,522	2,158	87,692
Hospital Care Days	F	28	1,386	78	2,936	137	5,161
	M	25	1,302	55	2,235	97	3,937
Special Calls	F	51	6,606	106	14,817	101	13,727
	M	53	6,892	59	8,066	47	6,277
Psychotherapy/Counselling	F	223	9,010	726	28,942	1,121	43,123
	M	437	18,176	667	26,983	741	28,777
Major Surgery	F	217	13,465	400	24,862	766	48,238
	M	305	17,895	496	30,939	558	38,599
Minor Surgery	F	69	4,254	67	4,257	70	4,278
	M	97	6,563	120	8,819	98	6,671
Surgical Assistance	F			–	1		
	M					–	1
Anaesthesiology	F	101	1,786	548	13,674	860	22,544
	M	128	2,191	16	397	17	693
Obstetrical Services	F	4	498	243	36,039	446	65,564
	M						
Diagnostic & Therapeutic Services, Radiology	F	118	6,262	434	36,590	1,003	91,529
	M	116	5,529	185	9,861	285	18,395
Laboratory Services	F	2	502	7	1,809	20	4,641
	M	1	317	5	1,330	10	2,837
Other Diagnostic & Therapeutic Services	F	812	9,319	925	19,696	1,267	34,057
	M	992	10,900	587	14,294	790	23,172
Special Services[3]	F	20	236	379	6,235	592	9,906
	M	19	240	19	169	33	271
Miscellaneous Services[4]	F	71	2,791	152	6,382	130	5,171
	M	123	4,889	189	7,890	135	5,470
Total	F	4,082	$171,508	8,498	$410,241	12,342	$634,754
	M	4,762	$200,341	4,525	$217,202	5,461	$267,498

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) – equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD

(4) Miscellaneous Services are a group of health services codes that don't fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2008 to March 31, 2009[1][2]

Service Type	Age & Gender	45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	635	66,903	945	105,787	1,143	131,930
	M	546	59,295	1,055	119,574	1,427	165,120
Major Assessment	F	621	48,101	805	64,357	989	83,773
	M	411	32,483	717	58,221	1,160	94,792
Other Assessment	F	4,670	183,793	6,766	262,186	11,380	424,049
	M	3,517	140,277	6,329	245,213	10,569	410,083
Hospital Care Days	F	284	11,556	994	38,809	4,134	145,429
	M	321	13,582	1,168	47,609	4,046	151,760
Special Calls	F	63	7,863	116	13,590	446	46,392
	M	60	7,531	122	14,313	359	39,874
Psychotherapy/Counselling	F	1,446	57,219	1,071	43,359	985	38,951
	M	885	34,734	769	30,593	997	38,163
Major Surgery	F	1,368	96,971	2,310	190,206	2,458	210,814
	M	1,185	91,175	2,619	213,990	3,144	272,534
Minor Surgery	F	88	5,125	100	5,928	109	6,904
	M	101	6,388	118	7,522	145	9,223
Surgical Assistance	F						
	M						
Anaesthesiology	F	44	2,471	57	3,823	54	3,895
	M	30	1,678	47	3,178	52	3,446
Obstetrical Services	F	2	227	–	6	–	9
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,338	113,465	1,628	134,212	1,391	110,953
	M	537	38,422	930	72,392	1,119	88,324
Laboratory Services	F	169	32,059	296	57,059	205	40,838
	M	40	11,820	104	28,412	111	29,674
Other Diagnostic & Therapeutic Services	F	1,878	65,691	2,935	120,001	3,091	145,352
	M	1,656	67,839	3,302	154,474	4,300	218,561
Special Services[3]	F	590	8,402	585	6,843	437	3,946
	M	98	789	260	2,043	387	3,001
Miscellaneous Services[4]	F	170	6,765	282	10,772	796	26,119
	M	159	6,808	292	12,160	709	25,550
Total	F	13,366	$706,611	18,889	$1,056,938	27,619	$1,419,157
	M	9,546	$512,620	17,831	$1,009,695	28,527	$1,550,103

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) – equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that don't fall into any other health service category.

Table 2.15
Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2004 to March 31, 2009

Specialty \ Effective Date	October 1, 2004	October 1, 2005	October 1, 2006	April 1, 2007	April 1, 2008
Anaesthesia	2.0	2.6	3.7	3.7	3.2
Cardiology	1.6	1.6	2.3	2.3	2.5
Cardiovascular and Thoracic Surgery	1.2	1.3	2.4	2.4	2.5
Critical Care Medicine	1.4	1.8	2.4	2.4	2.5
Dermatology	2.7	2.1	2.4	2.4	2.5
Radiology	2.2	1.9	3.1	3.1	2.5
Emergency Medicine	2.6	3.5	5.0	5.0	3.5
Endocrinology/Metabolism	5.0	5.3	7.2	7.2	5.3
Gastroenterology	3.0	2.4	4.5	4.5	3.1
General Practice	3.9	3.9	5.4	5.4	6.7
General Surgery	2.1	2.4	3.3	3.3	4.4
Mental Health Generalists	2.8	3.6	4.5	4.5	7.2
Infectious Diseases	5.0	5.3	7.7	7.7	6.1
Internal Medicine	3.9	3.8	5.5	5.5	6.5
Nephrology	2.5	2.7	2.7	2.7	2.5
Neurology	4.7	4.8	6.7	6.7	5.6
Neurosurgery	2.3	2.4	3.6	3.6	2.9
Obstetrics-Gynaecology	2.2	2.8	3.2	3.2	2.9
Ophthalmology	2.2	1.9	2.9	2.9	2.5
Orthopaedic Surgery	2.3	2.5	3.5	3.5	3.2
Otolaryngology	2.1	1.8	2.5	2.5	2.5
Paediatrics	4.9	4.8	7.2	7.2	8.7
Pathology	2.9	3.5	4.5	4.5	4.5
Physical Medicine and Rehabilitation	5.0	5.3	7.7	7.7	6.0
Plastic Surgery	2.3	2.5	3.5	3.5	3.1
Psychiatry	2.8	4.1	4.5	4.5	5.8
Respiratory Medicine	5.0	5.3	5.4	5.4	2.8
Rheumatology	5.0	5.3	5.7	5.7	4.9
Urology	2.1	2.4	3.1	3.1	2.6
Vascular Surgery	2.3	2.3	3.9	3.9	3.6
All Physicians	3.1%	3.3%	4.5%	4.5%	5.0%

Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for October 1, 2003 to March 31, 2009

Type of Practitioner / Effective Date	Medical	Dentists/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
October 1, 2003	2.7	Nil	Nil	Nil	Nil
April 1, 2004	Nil	3.9	2.5	2.9	2.9
October 1, 2004	3.1	Nil	Nil	Nil	Nil
April 1, 2005	Nil	Nil	Nil	2.9	Nil
October 1, 2005	3.3	Nil	Nil	Nil	Nil
April 1, 2006	Nil	Nil	Nil	4.0	Nil
October 1, 2006	4.5	3.5	2.9	Nil	Nil
April 1, 2007	4.5	Nil	Nil	4.5	Nil
October 1, 2007	Nil	3.9	2.9	Nil	Nil
April 1, 2008	5.0	Nil	Nil	5.0	Nil

Alternate Relationship Plans

Under the 2003 Tri-Lateral Master Agreement between Alberta Health and Wellness, Alberta Health Services, and the Alberta Medical Association, which is in effect until 2011, innovative health delivery models are funded using agreements known as Alternate Relationship Plans (ARP).

The purpose of an ARP is to provide physician funding models other than fee-for-service that promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. The intent of the ARP program is to advance the following:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

Table 2.17
Alternate Relationship Plans (ARP) Summary by Type
for the Service Year April 1, 2008 to March 31, 2009[1]

ARP Information as of March 31, 2009			
	General Practitioners	Specialists	Expenditures [1]
Clinical ARPs	409	208	$76,479,096
Academic ARPs	40	610	$130,617,241
Total	449	818	$207,096,337
Total ARP Physicians	1,267		

(1) Expenditures for the 2008-2009 Fiscal Year as of July 2,2009 and payments associated with the Clinical Stabilization Initiative are not included.

Model Type Definitions

Clinical Alternate Relationship Plans

At present, there are 42 clinical ARPs that use three working models for funding physician services, which are:

- Capitation Alternate Relationship Plan – This model is used in 2 ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per patient, per annum within a defined basket of insured health service codes.
- Contractual Alternate Relationship Plan – This model is used in 26 ARPs for specialized health service delivery to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent (FTE) physician per annum.
- Sessional Alternate Relationship Plan – This model is used in 14 ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of insured health services within an organized program to a defined patient group.

Academic Alternate Relationship Plans

Academic ARPs are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

During 2008/2009, one new academic ARP was implemented in Alberta, bringing the total number to eight. Academic ARPs involve the following: the Universities and Faculties of Medicine, the participating physicians, Alberta Health and Wellness, the applicable regional health authorities, the Alberta Medical Association, other funding bodies, and related ministries such as Advanced Education.

Out-of-Country Health Coverage

Out-of-country insured practitioner and hospital services received by Albertans are paid at rates approved by the Minister of Alberta Health and Wellness.

As of July 1, 2006 coverage for out-of-province and out-of-country podiatry, chiropractic and optometry services was discontinued.

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Appeal Panel, considers funding the cost of insured physician, dentist/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Year April 1, 2008 to March 31, 2009[1]

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments
Physicians[2]	22,815	9,171	1,244,623	1,124	205	81,505	21,691	9,151	1,163,118
Dentists/Oral Surgeons	2	2	1,217	1	1	1,167	1	1	50
Total	22,817	9,171	$1,245,840	1,125	205	$82,673	21,692	9,151	$1,163,168

Note: This table reflects fee-for-service data only.
(1) The total discrete patients is a discrete overall patient count and not a sum.
(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed
for the Service Years Ended March 31, 2005 to March 31, 2009

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Received	100	86	84	85.0	130
Approved	34	44	47	55.0	77
Approved on Appeal (1)	15	5	2	1.5	2
Denied	51	37	35	28.5	51

(1) Row added to show those approved by the Appeal Panel. Denied numbers have been adjusted for the years ending 2005 to 2007.

Table 2.20
Out-of-Country Health Services Program:
Payments Made for Approved Applications
for the Service Years Ended March 31, 2005 to March 31, 2009

Amount Paid ($)	Type of Service				
	Required services not available in Alberta				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Total	$2,920,577	$1,934,320	$2,994,504	$3,545,854	$3,725,883
Medical Services	505,307	416,416	1,000,667	657,403	1,461,543
Hospital Services	2,415,269	1,517,904	1,993,838	2,888,451	2,264,340

Primary Care Networks

Primary Care Networks (PCNs) are formed through formal arrangements between groups of primary care physicians and their regional health authorities. PCNs are organized to deliver a wide range of primary care services. They have the flexibility to design local program that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and co-ordinated to promote health, prevent and care for illness and manage ongoing problems.

The goals of PCNs are to:

- Improve access to primary care services for more Albertans
- Manage access to appropriate round-the-clock primary care services
- Increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses
- Improve co-ordination and integration of primary care services with hospital, long-term and specialty care
- Foster a multi-disciplinary team approach to providing primary care

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005.

Table 2.21
Primary Care Networks (PCNs):
Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2008 to March 31, 2009

Primary Care Network	Health Region	Number of Primary Care Physicians[1]	Number of Patients Enrolled[2]	Total Payments to the Primary Care Network[3]
Chinook PCN	Chinook Regional Health Authority	95	126,564	$6,951,941
Palliser PCN	Palliser Health Region	53	79,315	$3,823,625
Bow Valley PCN	Calgary Health Region	29	21,825	$363,823
Calgary Foothills PCN	Calgary Health Region	220	236,885	$11,347,608
Calgary Rural PCN	Calgary Health Region	96	82,534	$3,998,197
Calgary West Central PCN	Calgary Health Region	275	267,733	$13,017,642
Highland PCN	Calgary Health Region	31	31,861	$1,558,700
Mosaic	Calgary Health Region	65	73,187	$2,106,225
South Calgary PCN	Calgary Health Region	89	88,151	$4,222,425
Big Country	David Thompson Regional Health Authority	21	23,061	$1,133,800
Red Deer PCN	David Thompson Regional Health Authority	64	99,981	$4,798,355
Rocky Mountain House PCN	David Thompson Regional Health Authority	11	13,587	$711,143
Wolf Creek PCN	David Thompson Regional Health Authority	42	50,535	$2,366,532
Provost-Consort PCN	David Thompson RHA/East Central Health	6	6,878	$344,950
Camrose PCN	East Central Health	17	19,541	$488,525
Edmonton North PCN	Capital Health	108	147,899	$7,672,812
Edmonton Oliver PCN	Capital Health	50	42,012	$2,129,550
Edmonton Southside PCN	Capital Health	90	92,361	$4,435,585
Edmonton West PCN	Capital Health	68	72,651	$3,635,576
Leduc/Beaumont/Devon PCN	Capital Health	43	49,943	$2,593,371
St. Albert & Sturgeon PCN	Capital Health	49	66,073	$3,283,532
Sherwood Park-Strathcona County PCN	Capital Health	54	71,749	$3,594,125
WestView PCN	Capital Health	57	61,630	$3,147,369
Bonnyville PCN	Aspen Regional Health Authority	15	12,246	$608,650
St. Paul/Aspen PCN	Aspen Regional Health Authority/East Central Health	30	34,952	$1,703,425
Peace River PCN	Peace Country Health	16	10,261	$793,875
Sexsmith PCN	Peace Country Health	4	5,260	$265,200
West Peace PCN	Peace Country Health	4	7,802	$383,100
Northwest PCN	Northern Lights Health Region	28	18,888	$907,025
Wood Buffalo PCN	Northern Lights Health Region	31	46,348	$2,160,013
Total		**1761**	**1,963,713**	**$94,646,699**

(1) The term Primary Care Physician includes both family physicians and general practitioners. Physicians participating in PCNs continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) Informal enrollment is based on a default method of calculating one patient encounter with a PCN health service provider at a PCN service delivery location for services included in Article 8, Schedule G of the Primary Care Initiative Agreement, in the past three years. Informal enrolment is based on assignment of discrete patients to PCNs based on overall volume of care to a single provider.

(3) PCNs operate within a mixed payment environment, receiving a capitation payment up to $50 per patient, per year. In addition, some PCNs are eligible for the following grants: Capacity Building Grants, Specialist Linkages and the Pharmacist Integration Pilot Project.

Section 3: Regional Data

Summary

This section provides practitioner fee-for-service data broken down by nine health regions. As of May 15, 2008 Alberta Health Services Board became the common governance board responsible for the delivery of health services previously provided by the nine regional health authorities, the Alberta Cancer Board, Alberta Alcohol and Drug Abuse Commission (AADAC) and Alberta Mental Health Board.

The nine regional health authorities were responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They worked with communities to deliver health services, including mental health services, to local residents. Information about regional health authority services and costs is in the *Alberta Ministry of Health and Wellness Annual Report Section I and II 2008/2009*. Performance measures and financial information also follows the boundaries of the former regions and boards as they remained legal entities until March 31, 2009.

Highlights

- A total of 38 per cent of practitioner fee-for-service expenditures were for services received in the Calgary Health Region; 37.6 per cent for services received in the Capital Health region and the balance (24.4 per cent) for services received in the other seven health regions.
- An average of 76.7 per cent of payments for services received by patients were provided in the health region where the patient resides.

Figure 5
Map of Health Regions

Explanatory Notes

Number of Practitioners

Statistics shown for the number of practitioners in a region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Regional Boundary Changes

Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. The map on health regions shows the current boundaries which were put in place on December 1, 2003.

Service Location and Recipient Location

Data in this section are provided on a service location basis. Patients from rural and remote regions often travel to larger urban centres in other regions to receive services. This affects statistics shown for health services and payments for both regions involved. This point is illustrated in Table 3.2, which shows medical payments to physicians based on both service location and recipient location. Recipient location data are for the health region where the patient lived on the date of service.

Table 3.1
Distribution of Population Covered by Health Region Service Location as at March 31, 2009(1)

Health Region Service Location	Registered Population		
	Total	Male	Female
Chinook Regional Health Authority	168,340	83,408	84,932
Palliser Health Region	108,860	54,595	54,265
Calgary Health Region	1,326,115	661,749	664,366
David Thompson Regional Health Authority	320,699	160,240	160,459
East Central Health	117,834	58,524	59,310
Capital Health	1,123,496	559,561	563,935
Aspen Regional Health Authority	186,893	94,995	91,898
Peace Country Health	149,303	76,143	73,160
Northern Lights Health Region	87,569	46,012	41,557
Unknown	385	207	178
Total	**3,589,494**	**1,795,434**	**1,794,060**

(1) The population figures are as at March 31, 2009, calculated in July 2009.

Table 3.2
Distribution of Payments to Physicians by Health Region Service Location and Recipient Location for the Service Year April 1, 2008 to March 31, 2009[1]

Health Region Service Location	Health Region Recipient Location					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Chinook Regional Health Authority	81,002,110	**74,169,800**	1,639,988	3,824,755	417,288	78,354
Palliser Health Region	51,788,766	819,348	**48,317,811**	792,826	329,747	63,604
Calgary Health Region	703,006,096	9,016,232	6,791,108	**664,850,344**	14,051,960	733,389
David Thompson Regional Health Authority	139,635,260	362,773	519,640	5,515,202	**124,543,243**	2,075,376
East Central Health	35,457,150	51,659	60,323	304,425	1,682,681	**29,937,660**
Capital Health	696,571,820	1,062,121	800,113	6,478,030	20,944,792	20,790,840
Aspen Regional Health Authority	54,131,050	67,500	77,931	358,272	522,120	656,062
Peace Country Health	57,197,380	88,042	57,974	414,488	374,369	99,130
Northern Lights Health Region	25,137,322	38,718	20,817	282,602	154,611	59,793
Unknown	7,776,089	177,553	128,081	1,685,768	226,667	4,242,890
Total	$1,851,703,042	$85,873,746	$59,414,086	$684,506,712	$163,247,498	$58,737,098

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Continued...

Table 3.2
Distribution of Payments to Physicians by Health Region Service Location and Recipient Location for the Service Year April 1, 2008 to March 31, 2009 (1)

Health Region Service Location	Health Region Recipient Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Chinook Regional Health Authority	500,327	111,411	102,705	78,982	60,499
Palliser Health Region	215,397	70,964	62,450	33,490	83,026
Calgary Health Region	4,402,085	832,250	667,225	792,106	649,418
David Thompson Regional Health Authority	4,539,326	1,132,590	521,508	271,696	153,707
East Central Health	2,293,032	911,229	94,488	69,655	51,998
Capital Health	687,402,160	40,082,539	10,462,953	7,861,401	686,871
Aspen Regional Health Authority	2,846,735	48,026,181	1,121,368	390,868	63,991
Peace Country Health	946,553	622,298	63,038,891	1,501,881	53,734
Northern Lights Health Region	833,554	224,005	137,065	23,331,627	54,530
Unknown	690,360	378,328	110,834	81,281	54,327
Total	$604,869,509	$92,391,795	$86,539,507	$34,410,988	$1,912,103

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 3.3
Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009

Health Region Service Location / International Classification of Diseases	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Infectious and Parasitic Diseases	30,345,534	1,314,830	987,123	11,378,490	2,827,160	720,009
Neoplasms	65,396,217	3,036,110	1,854,439	24,958,537	3,770,168	879,518
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	51,918,851	2,285,238	2,471,897	17,250,346	4,036,794	1,235,786
Diseases of Blood and Blood Forming Organs	8,787,512	565,168	383,475	3,094,987	733,571	237,061
Mental Disorders	186,347,542	7,734,256	4,543,782	69,512,019	16,201,896	2,985,334
Diseases of the Nervous System and Sense Organs	122,300,511	5,682,606	4,183,564	47,667,806	8,894,865	1,966,962
Diseases of the Circulatory System	126,331,847	4,592,354	3,569,646	42,988,401	8,414,465	2,756,758
Diseases of the Respiratory System	111,333,842	5,025,427	3,084,201	39,536,153	9,663,229	2,563,277
Diseases of the Digestive System	69,849,147	3,791,787	2,523,926	22,136,804	6,923,745	2,317,152
Diseases of the Genitourinary System	89,476,524	4,780,334	2,487,139	34,638,180	7,934,203	2,261,296
Complications of Pregnancy, Childbirth and the Puerperium	60,325,908	2,979,940	1,155,798	25,629,824	4,888,893	1,112,150
Diseases of the Skin and Subcutaneous Tissue	49,423,603	1,984,946	1,391,017	18,923,898	4,203,992	1,086,874
Diseases of the Musculoskeletal System and Connective Tissue	93,491,823	5,416,801	3,472,464	32,025,848	7,488,617	2,463,746
Congenital Anomalies	5,672,015	157,861	68,753	2,091,168	144,472	28,264
Certain Conditions Originating in the Perinatal Period	6,725,117	623,782	291,833	1,865,752	1,122,475	55,084
Symptoms, Signs and Ill-Defined Conditions	194,671,679	9,060,390	4,987,951	71,463,496	16,965,511	4,597,384
Injury and Poisoning	100,877,439	4,504,254	2,585,231	34,463,375	9,207,068	2,313,122
Non-Standard Diagnostic Codes[1]	161,749,863	6,151,088	4,780,998	62,515,496	12,938,017	4,140,836
Unknown Diagnostic Chapter[2]	316,898,468	11,344,938	7,005,731	140,864,514	15,296,308	1,754,555
Total	$1,851,703,042	$81,002,110	$51,788,768	$703,008,096	$139,635,260	$35,457,150

Note: This table reflects fee-for-service data only.

Continued...

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

(2) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to AHCIP. Claims for these services are included under "Unknown Diagnostic Chapter."

Table 3.3
Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009

International Classification of Diseases / Health Region Service Location	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Infectious and Parasitic Diseases	10,134,387	1,309,882	1,010,930	495,297	167,426
Neoplasms	27,176,898	1,362,852	1,479,646	386,046	491,982
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	19,594,868	2,047,720	1,771,505	981,594	243,031
Diseases of Blood and Blood Forming Organs	2,845,480	432,537	304,321	113,303	77,609
Mental Disorders	75,538,391	2,888,738	4,193,866	1,669,821	1,099,440
Diseases of the Nervous System and Sense Organs	47,957,462	2,688,333	4,053,427	972,539	251,128
Diseases of the Circulatory System	55,486,821	3,593,365	3,022,231	1,264,377	643,228
Diseases of the Respiratory System	39,418,204	5,475,494	3,925,953	2,141,511	500,393
Diseases of the Digestive System	23,957,578	3,087,859	3,340,827	1,310,799	488,870
Diseases of the Genitourinary System	30,181,779	2,915,079	2,614,062	1,267,744	415,707
Complications of Pregnancy, Childbirth and the Puerperium	17,874,352	2,190,744	2,203,785	1,893,073	417,350
Diseases of the Skin and Subcutaneous Tissue	17,350,566	2,154,416	1,373,847	765,222	188,825
Diseases of the Musculoskeletal System and Connective Tissue	32,503,080	4,928,561	3,784,710	1,135,308	272,689
Congenital Anomalies	2,978,361	53,845	116,718	26,049	8,524
Certain Conditions Originating in the Perinatal Period	1,349,024	163,889	999,140	188,777	65,362
Symptoms, Signs and Ill-Defined Conditions	69,787,287	5,715,752	7,320,049	3,911,728	862,131
Injury and Poisoning	36,163,488	5,163,529	4,406,272	1,604,852	468,249
Non-Standard Diagnostic Codes[1]	53,284,035	6,417,760	7,462,961	3,396,526	680,144
Unknown Diagnostic Chapter[2]	133,011,838	1,540,895	3,813,131	1,610,757	456,001
Total	$696,571,820	$54,131,050	$57,197,380	$25,137,322	$7,776,089

Note: This table reflects fee-for-service data only.

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

(2) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to AHCIP. Claims for these services are included under "Unknown Diagnostic Chapter."

Table 3.4
Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009[1][2]

Health Region Service Location	Total			General/Family Physicians			Specialists[3]		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
Chinook Regional Health Authority	270	73,666,364	272,838	168	39,324,298	234,073	102	34,342,066	336,667
Palliser Health Region	180	47,357,469	263,097	102	27,137,817	266,057	78	20,219,652	259,226
Calgary Health Region	2,275	602,287,101	264,74[illegible]	1,313	282,135,863	214,879	962	320,151,237	332,798
David Thompson Regional Health Authority	477	128,865,486	270,158	331	83,949,269	253,623	146	44,916,217	307,645
East Central Health	180	33,971,511	188,731	141	27,033,585	191,728	39	6,937,926	177,896
Capital Health	2,016	605,254,150	300,225	1,066	246,486,782	231,226	950	358,767,368	377,650
Aspen Regional Health Authority	247	53,844,875	217,996	206	47,879,640	232,426	41	5,965,235	145,494
Peace Country Health	218	53,420,189	245,047	142	34,400,667	242,258	76	19,019,522	250,257
Northern Lights Health Region	130	24,965,809	192,045	87	18,565,144	213,392	43	6,400,665	148,853
Unknown	115	6,785,993	59,009	68	4,482,990	65,926	47	2,303,003	49,000
Total	6,108	1,630,418,946	266,932	3,624	$811,396,055	$223,895	2,484	$819,022,891	$329,719

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) The total amount paid may not match the sum of amounts paid due to rounding.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.5
Number of General/Family Physicians by Payment Range and Health Region Service Location for the Service Year April 1, 2008 to March 31, 2009[1][2]

Payment Range \ Health Region Service Location	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Less than $10,000	1,683	76	57	244	142	108	270	124	79	52	521
10,000- 19,999	203	13	10	43	22	16	45	16	8	5	25
20,000- 39,999	239	8	6	86	19	18	52	15	17	7	11
40,000- 59,999	175	13	6	62	8	11	40	12	8	9	6
60,000- 79,999	152	7	1	58	14	14	33	7	4	10	4
80,000- 99,999	161	6	2	66	9	1	55	6	4	4	8
100,000-119,999	169	6	4	81	9	8	51	4	2	4	
120,000-139,999	159	5	3	63	12	3	53	11	5	2	2
140,000-159,999	178	5	5	83	12	6	48	7	7	3	2
160,000-179,999	188	4	1	86	9	4	58	12	5	4	5
180,000-199,999	152	5	6	57	10	3	58	5	4	1	3
200,000-299,999	821	38	16	317	69	13	287	37	30	12	2
300,000-399,999	560	35	13	175	77	25	164	42	20	9	
400,000-499,999	285	12	16	84	46	15	62	24	15	11	
500,000-599,999	94	6	8	24	11	2	29	4	9	3	
600,000-699,999	50	5	7	14	2	2	14	2	3	1	
700,000-799,999	18			6	1		8	2		1	
800,000-899,999	7			1			5			1	
900,000-999,999	5			3	1		1				
1,000,000 & over	8			4			3		1		
Total	5,307	244	169	1,557	473	249	1,336	330	221	139	589

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region, where the physician payment was greater than zero within the health region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) A blank cell represents a zero value.

Table 3.6
Number of Physicians by Specialty Within the Health Regions for the Service Year April 1, 2008 to March 31, 2009[1][2]

Physicians by Specialty	Number of Physicians[3]			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Total: All Physicians	8,727	2,433	2,653	3,641
All Specialists (except GP/FPs & laboratory specialists)	3,420	1,097	1,096	1,227
Physicians by Specialty				
Anaesthesiology	385	131	149	105
Cardiovascular and Thoracic Surgery	26	15	7	4
Dermatology	51	17	21	13
Emergency Medicine	104	34	48	22
General/Family Physicians (GP/FPs)	5,307	1,336	1,557	2,414
General Surgery	285	65	67	153
Internal Medicine	844	303	213	328
Neurology	72	24	14	34
Neurosurgery	10	7	3	
Obstetrics-Gynaecology	249	64	84	101
Ophthalmology	123	44	47	32
Orthopaedic Surgery	188	50	62	76
Otolaryngology	64	25	21	18
Paediatrics	303	68	122	113
Physical Medicine and Rehabilitation	43	19	12	12
Plastic Surgery	72	18	26	28
Psychiatry	531	188	183	160
Urology	70	25	17	28

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region where the physician payment was greater than zero within the health region. The numbers are not a sum as physicians may provide health services in multiple health regions.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7
Allied Health Services:
Distribution of Services and Payments by Health Region Service Location
for the Service Year April 1, 2008 to March 31, 2009 (1)

Health Region Service Location	Total		Chiropractors		Optometrists		Dentists/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	226,653	4,573,545	172,464	2,391,680	32,800	1,498,020	106	12,414	21,283	671,430
Palliser Health Region	140,081	2,865,046	109,630	1,516,905	20,893	941,726	24	2,685	9,534	203,733
Calgary Health Region	1,777,929	34,756,340	1,443,587	19,903,639	203,740	9,159,344	7,736	1,787,739	122,866	3,905,618
David Thompson Regional Health Authority	490,712	9,410,084	403,094	5,668,320	72,958	3,325,213	241	34,907	14,419	381,645
East Central Health	133,717	2,714,463	106,028	1,473,261	26,508	1,203,596	10	1,680	1,171	35,924
Capital Health	1,172,325	26,126,625	865,790	11,972,285	191,012	8,788,414	9,918	2,635,796	105,605	2,730,128
Aspen Regional Health Authority	143,390	2,879,341	114,905	1,599,437	26,164	1,213,339	29	3,234	2,292	63,331
Peace Country Health	102,170	2,127,493	79,486	1,104,199	20,660	959,733	9	1,013	2,015	62,548
Northern Lights Health Region	38,586	795,420	29,400	407,035	7,177	328,175	2	256	2,007	59,955
Unknown	9,090	220,732	92	1,288	161	8,008			8,837	211,436
Total	4,234,653	$86,269,092	3,324,476	$46,038,049	602,073	$27,425,569	18,075	$4,479,725	290,029	$8,325,748

Note: This table reflects fee-for-service data only.
(1) The payment totals may not match the sum of the payments made for services provided in the health regions due to rounding.
(2) A blank cell represents a zero value.

Section 4: Non-Group Supplementary Plans

Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Albertans under the age of 65 can purchase Non-Group Coverage where a reduced premium rate is available to Albertans with lower incomes. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group Supplementary Health Plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top ten drug expenditures.

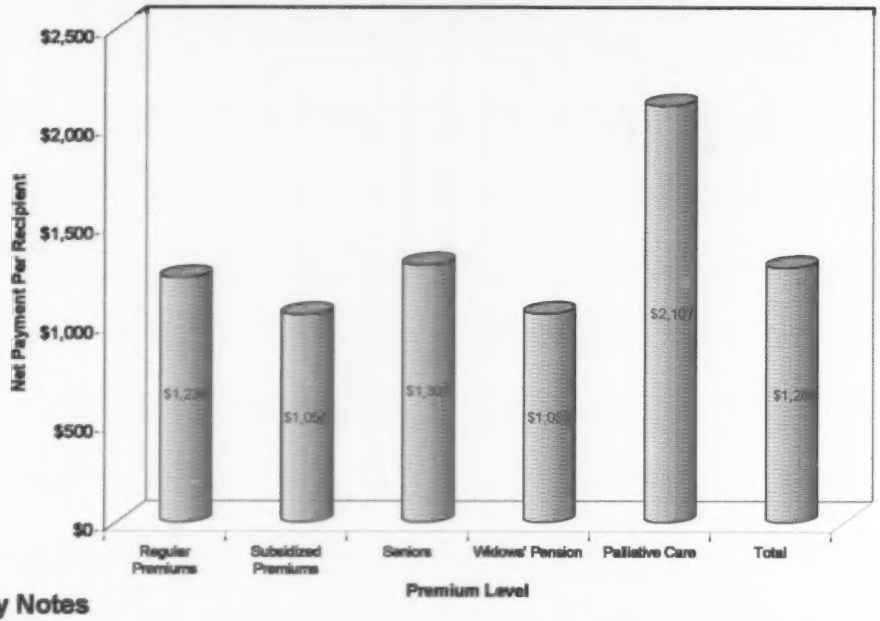
Highlights

- In 2008/2009, the number of Albertans who were covered under Non-Group Supplementary plans increased to 569,599, an increase of two per cent compared to 2007/2008.
- The number of persons covered through full premium rates was 111,168 (19.5 per cent of the total non-group membership).
- A total of 32,922 people (5.8 per cent of the total non-group membership) received non-group coverage at reduced premium rates.
- A total of 425,509 people (74.7 per cent of total non-group membership) received their coverage premium-free.
- Almost $662 million was paid for benefits under the Non-Group Supplementary plans in 2008/2009, an increase of 4.6 per cent compared to 2007/2008.
- More than $511 million was paid for benefits for seniors and their dependants in 2008/2009. These payments accounted for 77.2 per cent of the total amount spent on the Non-Group Supplementary plans, about the same as 2007/2008.
- Drugs accounted for more than $636 million or 96.1 per cent of total non-group benefit expenditures. Ambulance services accounted for over $21 million or 3.2 per cent of the total.
- A cholesterol lowering agent, Lipitor (20mg), had the highest expenditures with a total of 139,706 prescriptions and an expenditure of $19,899,531.

- In 2008/2009, the ten highest expenditure drugs were used to treat common chronic conditions including:
  - High cholesterol conditions treated using Lipitor (in three strengths)
  - Gastro-intestinal ulcers treated using Prevacid
  - High blood pressure and/or angina (chest pain) treated using Norvasc (in two strengths).
  - Rheumatoid arthritis/Crohn's Disease treated by Remicade.
  - Rheumatoid arthritis/psoriasis treated with Enbrel.
  - Prevention of heart attack and stroke treated with Plavix.
  - Multiple Sclerosis treated using Copaxone.

Figure 6 illustrates average net payments for drugs per recipient, sorted by Non-Group Supplementary coverage category for the service year April 1, 2008 to March 31, 2009.

Figure 6
Non-Group Supplementary Coverage: Average Net Payments for Drugs Per Recipient by Coverage Category for the Service Year April 1, 2008 to March 31, 2009



Explanatory Notes

Data

Data in this section are provided by Alberta Health and Wellness (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 6, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Coverage Parameters

Non-group coverage includes drugs, some ambulance services, clinical psychological services, some home nursing care, prosthetic and orthotic benefits, and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Note: The subtotals/totals across tables may not match due to rounding.

Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2005, 2006, 2007, 2008 and 2009[1]

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2006/2005	2007/2006	2008/2007	2009/2008
Regular Premiums	Registrations	47,577	47,582	48,631	51,848	54,231	0.01	2.20	6.62	4.60
	Persons	99,025	98,704	101,077	107,100	111,168	-0.32	2.40	5.96	3.80
Reduced Premiums	Registrations	19,441	21,222	22,445	20,703	17,293	9.16	5.76	-7.76	-16.47
	Persons	38,057	40,852	42,598	38,826	32,922	7.34	4.27	-8.85	-15.21
No Premiums[2]	Registrations	258,530	265,284	272,160	280,218	288,298	2.61	2.59	2.96	2.88
	Persons	378,771	389,138	399,755	412,513	425,509	2.74	2.73	3.19	3.15
Total	Registrations	325,548	334,088	343,236	352,769	359,822	2.62%	2.74%	2.78%	2.00%
	Persons	515,853	528,694	543,430	558,439	569,599	2.49%	2.79%	2.76%	2.00%

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

Table 4.2
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2005, 2006, 2007, 2008 and 2009[(1)(2)]

Registration Status		Total					Regular Premium				
		2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
One Person	Registrations	172,034	176,298	180,525	184,868	187,949	19,289	19,016	19,094	20,557	22,055
	Persons	172,034	176,298	180,525	184,868	187,949	19,289	19,016	19,094	20,557	22,055
Two Persons	Registrations	133,729	137,844	142,369	147,228	151,062	16,318	16,819	17,517	18,584	19,002
	Persons	267,458	275,688	284,738	294,456	302,124	32,636	33,638	35,034	37,168	38,005
Three or More	Registrations	19,785	19,946	20,342	20,673	20,811	11,970	11,747	12,020	12,707	13,174
Persons	Persons	78,361	78,708	78,167	79,115	79,526	47,100	46,050	46,949	49,373	51,108
Total	Registrations	325,548	334,088	343,236	352,769	359,822	47,577	47,582	48,631	51,848	54,231
	Persons	515,853	528,694	543,430	558,439	569,599	99,025	98,704	101,077	107,098	111,168

Registration Status		Subsidized Premium					Seniors				
		2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
One Person	Registrations	10,226	11,473	12,461	11,776	9,787	140,982	144,563	148,010	151,797	155,558
	Persons	10,226	11,473	12,461	11,776	9,787	140,982	144,563	148,010	151,797	155,558
Two Persons	Registrations	4,649	4,916	5,021	4,452	3,690	112,692	116,058	119,791	124,164	128,351
	Persons	9,298	9,832	10,042	8,904	7,379	225,384	232,116	239,582	248,328	256,702
Three or More	Registrations	4,566	4,833	4,963	4,475	3,816	3,220	3,346	3,347	3,485	3,814
Persons	Persons	18,533	19,547	20,095	18,148	15,756	10,627	11,044	11,084	11,575	12,640
Total	Registrations	19,441	21,222	22,445	20,703	17,293	256,894	263,967	271,148	279,446	287,723
	Persons	38,057	40,852	42,598	38,828	32,922	376,993	387,723	398,676	411,700	424,900

Registration Status		Widows' Pension				
		2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
One Person	Registrations	1,537	1,246	960	738	549
	Persons	1,537	1,246	960	738	549
Two Persons	Registrations	70	51	40	28	19
	Persons	140	102	80	56	38
Three or More	Registrations	29	20	12	6	7
Persons	Persons	101	67	39	19	22
Total	Registrations	1,636	1,317	1,012	772	575
	Persons	1,778	1,415	1,079	813	609

Note: As at March 31, 2009, 1,270 people were covered by the Palliative Care Drug Program. Of these, 399 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group Supplementary Coverage.

(1) The population figures are as at March 31, calculated in July.

(2) The report reflects a discrete count of people receiving Non-Group Supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased non-group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Gender
as at March 31, 2005, 2006, 2007, 2008 and 2009[1]

Age Group	Total					Male					Female				
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009
Under 1	905	938	1,031	940	987	453	486	510	457	478	452	452	521	483	509
1 - 4	3,871	4,128	4,328	4,390	4,260	1,935	2,065	2,163	2,245	2,169	1,936	2,063	2,165	2,145	2,091
5 - 14	16,363	16,239	16,499	16,437	15,749	8,416	8,367	8,432	8,400	8,042	7,947	7,872	8,067	8,037	7,707
15 - 24	24,115	24,010	24,189	24,209	24,128	11,646	11,564	11,786	11,860	11,958	12,469	12,446	12,403	12,349	12,170
25 - 44	26,701	26,987	27,579	27,805	26,798	11,360	11,494	11,818	12,023	11,789	15,341	15,473	15,761	15,782	15,009
45 - 64	106,996	109,419	112,728	116,102	117,504	37,709	38,662	40,102	41,494	41,993	69,287	70,757	72,626	74,608	75,511
65 - 74	182,088	185,488	189,721	195,734	202,520	88,351	90,034	91,695	94,975	98,089	93,737	95,454	97,826	100,759	104,431
75 & Older	154,814	161,505	167,355	172,822	177,653	62,057	65,279	68,239	70,928	73,496	92,757	96,226	99,116	101,894	104,157
Total	515,853	528,694	543,430	558,439	569,599	221,927	227,951	234,945	242,382	248,014	293,926	300,743	308,485	316,057	321,585

Age Group	Percentage Change Total				Percentage Change Male				Percentage Change Female			
	2006/2005	2007/2006	2008/2007	2009/2008	2006/2005	2007/2006	2008/2007	2009/2008	2006/2005	2007/2006	2008/2007	2009/2008
Under 1	3.65	9.91	-8.83	5.00	7.28	4.94	-10.39	4.60	0.00	15.27	-7.29	5.38
1 - 4	6.64	4.84	1.43	-2.96	6.72	4.75	3.79	-3.39	6.56	4.94	-0.92	-2.52
5 - 14	-0.76	1.60	-0.38	-4.18	-0.56	0.78	-0.38	-4.26	-0.94	2.48	-0.37	-4.11
15 - 24	-0.44	0.75	0.08	-0.33	-0.70	1.92	0.63	0.83	-0.18	-0.35	-0.44	-1.45
25 - 44	1.00	2.27	0.82	-3.82	1.18	2.82	1.73	-1.95	0.86	1.86	0.13	-4.90
45 - 64	2.26	3.02	2.99	1.21	2.53	3.72	3.47	1.20	2.12	2.64	2.73	1.21
65 - 74	1.87	2.28	3.17	3.47	1.90	2.07	3.35	3.28	1.83	2.48	3.00	3.64
75 & Older	4.32	3.62	3.27	2.80	5.19	4.53	3.94	3.62	3.74	3.00	2.80	2.22
	2.49%	2.79%	2.76%	2.00%	2.71%	3.07%	3.17%	2.32%	2.32%	2.57%	2.45%	1.75%

(1) The population figures are as at March 31, calculated in July each year.

Table 4.4
Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2009[1]

Coverage Category and Type of Service	Discrete Recipients	Net Payment[2]	Net Payment per Recipient
Regular Premium			
Ambulance	2,743	742,807	271
Drugs	98,072	118,740,951	1,236
Hospital Accommodation	664	106,689	161
Other[3]	812	131,779	162
Subtotal	96,475	$119,722,226	$1,241
Subsidized Premium			
Ambulance	1,007	299,139	297
Drugs	27,113	28,462,013	1,050
Hospital Accommodation	196	25,766	131
Other	116	16,206	140
Subtotal	27,205	$28,803,124	$1,059
Seniors			
Ambulance	47,967	19,993,710	417
Drugs	374,145	486,696,556	1,301
Hospital Accommodation			
Other	4,651	4,433,531	953
Subtotal	377,648	$511,123,797	$1,353
Widows' Pension			
Ambulance	43	17,234	401
Drugs	614	647,862	1,055
Hospital Accommodation			
Other	3	1,393	464
Subtotal	619	$666,489	$1,077
Palliative Care			
Ambulance			
Drugs	798	1,681,090	2,107
Hospital Accommodation			
Other			
Subtotal	798	$1,681,090	$2,107
Total			
Ambulance	51,736	21,052,890	407
Drugs	494,078	636,228,472	1,288
Hospital Accommodation	860	132,455	154
Other	5,580	4,582,909	821
Total	498,055	$661,996,726	$1,329

(1) A blank cell represents a zero value.

(2) The sum of net payments may not match the sub-totals or totals due to rounding.

(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

Table 4.5
Non-Group Supplementary Coverage: Number of Drug Prescriptions and Net Payment By Prescription Type and Coverage Category for the Year Ending March 31, 2009[1]

Prescription Type and Coverage Category	Number of Prescriptions[2]	Net Payment[3]
Prescription Drugs[4]		
Regular Premium	1,528,728	116,786,089
Subsidized Premium	460,927	27,875,172
Seniors	9,891,784	478,754,097
Widows' Pension	11,933	637,159
Palliative Care	25,253	1,643,716
Subtotal	11,918,625	$625,696,233
Over-The-Counter[5]		
Regular Premium	52,841	1,959,337
Subsidized Premium	16,496	586,842
Seniors	320,860	7,909,666
Widows' Pension	296	10,703
Palliative Care	3,277	37,374
Subtotal	393,770	$10,503,922
Adjustments[6]		
Regular Premium	5	-4,475
Subsidized Premium		
Seniors	1	32,793
Widows' Pension		
Palliative Care		
Subtotal	6	$28,318
All Prescriptions		
Regular Premium	1,581,574	118,740,951
Subsidized Premium	477,423	28,462,014
Seniors	10,212,645	486,696,556
Widows' Pension	12,229	647,862
Palliative Care	28,530	1,681,090
Total	12,312,401	$636,228,473

(1) A blank cell represents a zero value.

(2) Number of prescriptions represents the number of transcations reported by Alberta Blue Cross.

(3) The sum of net payments may not match the sub-totals or totals due to rounding.

(4) Refers to drugs available only with a prescription.

(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.

(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).

Table 4.6
Number and Percentage Change of
Licensed Community Pharmacies in Alberta
as at March 31, 2005, 2006, 2007, 2008 and 2009 (1)

Year	Number of Pharmacies	Percentage Change from the Prior Year
2004/2005	865	0.00
2005/2006	893	3.24
2006/2007	912	2.13
2007/2008	945	3.62
2008/2009	950	0.53
Annual Average Percentage Change for Last 5 Years		2.37

(1) Data provided by the Alberta College of Pharmacists.

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2009[1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions[2]	Discrete Recipients	Net Payment
All Groups						
	Lipitor	20 mg	Cholesterol Lowering Agent	139,706	33,016	19,899,531
	Lipitor	10 mg	Cholesterol Lowering Agent	171,004	41,062	19,885,277
	Prevacid	30 mg	Ulcer Treatment	135,587	36,298	17,969,709
	Norvasc	5 mg	High Blood Pressure/Angina	165,326	37,087	13,279,952
	Norvasc	10 mg	High Blood Pressure/Angina	96,333	21,286	12,143,971
	Lipitor	40 mg	Cholesterol Lowering Agent	81,451	18,664	11,921,732
	Remicade	100 mg/vial	Disease	4,871	719	11,832,859
	Plavix	75 mg	Stroke	82,892	15,654	10,937,175
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,730	1,015	10,491,234
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis/Psoriatic Arthritis/Psoriasis	8,024	765	9,473,650
Choice and Subsidized Premium[3]						
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,636	995	10,254,491
	Remicade	100 mg/vial	Disease	3,675	552	9,130,238
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis/Psoriatic Arthritis/Psoriasis	4,752	465	5,301,387
	Rebif	44 mcg/syringe	Multiple Sclerosis	2,878	349	4,670,613
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis/Psoriatic Arthritis/Psoriasis	3,356	405	3,632,744
	Prevacid	30 mg	Ulcer Treatment	23,787	7,296	3,142,957
	Lipitor	20 mg	Cholesterol Lowering Agent	20,290	5,500	2,900,395
	Lipitor	10 mg	Cholesterol Lowering Agent	21,153	5,798	2,443,516
	Ceredyme	200 mg/vial	Gaucher's Disease	620	9	2,370,943
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,593	192	2,291,046
Seniors[4]						
	Lipitor	10 mg	Cholesterol Lowering Agent	149,622	35,187	17,409,834
	Lipitor	20 mg	Cholesterol Lowering Agent	119,296	27,475	16,979,686
	Prevacid	30 mg	Ulcer Treatment	111,494	28,905	14,797,323
	Norvasc	5 mg	High Blood Pressure/Angina	151,515	33,365	12,126,123
	Norvasc	10 mg	High Blood Pressure/Angina	84,544	18,300	10,609,271
	Lipitor	40 mg	Cholesterol Lowering Agent	69,997	15,577	10,174,188
	Plavix	75 mg	Stroke	76,259	14,159	10,028,945
	Spiriva	18mcg inh cap	Chronic Obstructive Pulmonary Disease	58,968	16,395	7,986,583
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	118,822	27,021	7,866,600
	Crestor	10 mg	Cholesterol Lowering Agent	81,583	21,202	7,448,669

(1) The sums of the net payments may not match the "All Groups" totals due to rounding.

Continued...

(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) Persons eligible for basic health services at reduced premium rates were also eligible for Non-Group Supplementary Coverage at reduced premium rates.

(4) Seniors refers to the registration status of Account Holder or Spouse/Partner Age 65 or Older and their dependants.

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2009[1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions[2]	Discrete Recipients	Net Payment
Widows' Pension[3]						
	Lipitor	10 mg	Cholesterol Lowering Agent	205	68	29,509
	Lipitor	20 mg	Cholesterol Lowering Agent	105	36	17,817
	Prevacid	30 mg	Ulcer Treatment	125	52	17,548
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	99	30	14,227
	Norvasc	10 mg	High Blood Pressure/Angina	75	23	12,947
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	193	41	12,370
	Norvasc	5 mg	High Blood Pressure/Angina	142	41	12,298
	Crestor	10 mg	Cholesterol Lowering Agent	112	33	11,818
	Spiriva	18 mcg cap	Chronic Obstructive Pulmonary Disease	71	23	11,782
	Apo-Pantoprazole	40 mg	Ulcer Treatment	111	43	10,562
Palliative Care						
	Octreotide Acetate Omega	200 mcg/ml	Rare Endocrine Tumor	300	40	81,426
	Fragmin	25,000 IU/ml	Prevention of Blood Clots	219	53	76,630
	Fentanyl Citrate	0.05 mg/ml	Pain Management	471	97	73,409
	Innohep	20,000 IU/ml	Prevention of Blood Clots	230	37	70,898
	Sandostatin LAR	20 mg/vial	Rare Endocrine Tumor	39	7	56,297
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	36	6	49,579
	Hydromorphone	50 mg/ml	Pain Management	186	10	44,356
	PMS-Ondansetron	8 mg	Severe Nausea/Vomiting	215	57	41,765
	Sandostatin LAR	10 mg/vial injection	Severe Diarrhea/Cancer	33	3	38,413
	Ratio-Fentanyl	100 mcg/hr patch	Pain Management	138	40	37,408

(1) The sums of the net payments may not match the "All Groups" totals due to rounding.
(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) Widow's Pension refers to the registration status of Account Holder who belongs to the Widow's Pension Program and their dependants.

Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year Ending March 31, 2009

Broad Drug Category	Number of Prescriptions[1]	Net Payment	Co-Payment[2]	Coordination of Benefits[3]	Average Gross Cost per Prescription[4]
Antihistamines	1,751	58,191	16,334	568	42.89
Antineoplastic Agents	30,715	1,090,603	382,122	28,686	48.88
Antitussives, Expectorants, Mucolytics	16,060	1,781,639	277,356	43,184	130.90
Anti-Infective Agents	658,914	20,458,516	5,779,054	988,602	41.32
Autonomic Drugs	492,563	45,211,224	7,292,655	547,113	107.70
Blood Formation and Coagulation	426,495	33,178,541	4,255,150	552,173	89.07
Cardiovascular Drugs	3,791,179	228,944,763	54,317,877	2,497,990	75.36
Central Nervous System Drugs	2,522,851	90,041,114	23,780,787	2,367,146	46.05
Compound Drugs					
Devices[5]	4,713	87,553	37,899	1,254	26.88
Dental Agents	8	27	12		4.79
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	542,612	6,042,221	2,512,359	67,013	15.89
Enzymes	680	2,679,618	8,915		3,953.73
Eye, Ear, Nose & Throat Preparations	332,214	8,369,433	3,175,876	74,076	34.98
Gastrointestinal Drugs	836,255	61,296,579	12,252,356	1,054,800	89.21
Gold Compounds	984	64,245	15,806	898	82.27
Heavy Metal Antagonists	1,122	389,778	19,436	12,711	376.06
Hormones & Synthetic Substitutes	1,483,706	44,357,373	12,926,547	863,078	39.19
Local Anaesthetics					
Serums, Toxoids, and Vaccines	2,304	161,354	30,429	3,808	84.89
Skin & Mucous Membrane Preparations	283,835	4,996,391	1,999,476	107,553	25.03
Smooth Muscle Relaxants	69,861	3,187,391	772,879	32,739	57.16
Out of Country & Special Access	2,056	84,826	14,126	824	48.53
Unclassified Therapeutic Agents	720,832	82,738,943	8,709,115	7,405,275	137.14
Undetermined[6]	6	28,318	-5	-3	4,718.33
Vitamins	90,683	979,832	349,028	19,072	14.86
Total[7]	12,312,401	$636,228,473	$138,925,589	$16,668,562	$64.31

(1) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.
(2) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.
(3) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(4) Gross Cost = Net Payment + Co-Payment + Coordination of Benefits.
(5) Only those devices used with prescription drugs.
(6) Negative payments represent adjustments and/or reversals of claim payments.
(7) The sums of the columns may not match the totals due to rounding.

Table 4.9
Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year Ending March 31, 2009[1]

Coverage Category	Number of Prescriptions[2]	Drug Material Cost [A]	Dispensing Fee[3] [B]	Additional Inventory Allowance[4] [C]	Adjustments[5] [D]	Gross Cost[6] [E]	Co-Payment[7] [F]	Coordination of Benefits[8] [G]	Net Payment[9] [H]
Regular and Subsidized Premium	2,014,428	158,207,344	21,124,111	2,120,338	(3,686)	181,448,107	23,524,603	13,118,035	144,805,469
Seniors	10,180,756	489,012,803	101,699,060	10,929,735	33,135	601,674,733	114,070,473	2,416,773	485,187,487
Widows' Pension	12,117	658,242	124,460	14,252		796,974	146,772	7,780	642,422
Palliative Care	27,921	1,589,564	359,713	18,391		1,967,668	186,395	131,413	1,649,860
Average Cost per Prescription		53.08	10.08	1.07		64.23	11.27	1.28	51.68
Total[10]	12,235,219	$649,467,953	$123,307,364	$13,082,716	$29,449	$785,887,482	$137,928,243	$15,674,001	$632,285,238

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.
(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The dispensing fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.
(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.
(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)
(6) Gross Cost [E] = [A] + [B] + [C] + [D]
(7) Co-payment represents the portion of the prescription cost the recipient pays when the prescription is filled.
(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(9) Net Payment [H] = [E] - [F] - [G]
(10) The sums of the columns may not match the totals due to rounding.

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)
A non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dental/oral surgical services as required under the *Canada Health Act*, and a number of allied health services provided to eligible residents of Alberta.

Allied Health Services
Services provided by dentists, chiropractors, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case, the individual patient will be responsible for the difference.

Alternate Relationship Plans (ARP)
Plans that provide physicians with an alternative to the traditional fee-for-service payment method, and provide physicians with flexibility in the way they provide care. ARPs enable a team-based approach and promote improved access to care, patient satisfaction and the recruitment/retention of physicians.

Basic Health Services
Insured services provided by physicians and dentists/oral surgeons as well as a number of services provided by optometrists, chiropractors and podiatrists.

Blank Cell
Represents a zero value.

Bracketed Data
Bracketed data ( ) indicate negative figures.

Clinical Stabilization Initiative (CSI)
This initiative was established in the 2006 Amending Agreement to the Tri-Lateral Master Agreement and includes: the Rural Remote Northern Program (RRNP); the Business Cost Program (BCP); and the Communities in Crisis program. The purpose of the RRNP is to improve physician recruitment and retention in underserviced areas by providing physician incentive programs. The BCP is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. Communities in Crisis address the challenges of recruiting physicians to live and practice in communities in crisis.

Discrete Count
The discrete items are only counted once.

Discrete Patients
The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

Discrete Service Providers
The number of practitioners who provided at least one service payable under the Alberta Health Care Insurance Plan. Discrete service providers are only counted once.

Double Dash (--)
Represents a non-zero value; actual value was too small to be shown.

FP
Family Physician

FTE
Full-time equivalent

Fee-for-Service
Fee-for-service is a standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year
April 1 of one year to March 31 of the following year.

GP
General practitioner

Health Regions
A geographic area within Alberta that has been identified and defined for the purpose of assigning responsibility for and authority over the delivery of health care services within its boundaries.

Insured Services
Physician and dental/oral surgical services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments
Primarily office visits and consultations.

Medical Services
Services provided by a physician.

N/A
Not available.

n.a.
Not applicable.

Net Payment
The total amount paid by Alberta Health and Wellness through Non-Group Supplementary plans.

Nil
No change.

Non-Group Supplementary Plans
Supplementary health services coverage, administered by Alberta Blue Cross on behalf of Alberta Health and Wellness for prescription drugs and selected health services.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Practitioner
Licensed health care provider who is registered with the Alberta Health Care Insurance Plan and provides basic health services.

Practitioner Payments
Gross fee-for-service practitioner payments made by the Alberta Health Care Insurance Plan for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Networks (PCNs)
Networks of family physicians that use a team approach with other health care professionals to coordinate primary care for their patients. PCNs receive program funding in addition to fee-for-service.

Recipient Location
The health region where the person who received the health service lived at the time of service (according to the Alberta Health Care Insurance Plan registration data).

Registration
The number of single and family accounts registered with the Alberta Health Care Insurance Plan; one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons
Alberta residents insured under a program and therefore entitled to receive benefits.

Schedules of Benefits
List of practitioner services and fee-for-service rates paid by the Alberta Health Care Insurance Plan. Includes the general rules, procedure list, fee modifier definitions, and price list and explanatory codes. The Statistical Supplement includes data for six distinct benefit schedules (medical, oral and maxillofacial surgery, chiropractic, optometry, podiatric surgery and podiatry).

Service Location
The health region where a health service was provided.

Year at a Glance

	2007/2008	2008/2009
Total Albertans covered under the Alberta Health Care Insurance Plan	3,473,996	3,589,494
Non-seniors	3,062,296	3,164,594
Seniors	411,700	424,900
Alberta Health Care Insurance Plan premium rates		
Single coverage[1]	$44	$44[1]
Family coverage (two or more persons)[1]	$88	$88[1]
Number of Albertans receiving full or partially subsidized premiums	810,613	N/A[2]
Per cent of total population	23%	N/A[2]
Percentage change from prior year	(1%)	N/A[2]
Number of Albertans receiving fully subsidized premiums	774,309	N/A[2]
Percentage change	(2%)	N/A[2]
Amount paid to Alberta practitioners (fee-for-service)	$1,799,224,796	$1,937,972,135
Physicians	$1,718,717,022	$1,851,703,042
Allied Practitioners	$80,507,774	$86,269,092
Average annual fee-for-service payment		
All Physicians (except Pathology)	$283,710	$295,516
All Specialists (except General/Family Physicians and Pathology)	$357,101	$374,909
Number of practitioners who submitted fee-for-service claims	7,660	7,913
Physicians (including General Practitioners)	6,058	6,266
General Practitioners	3,361	3,492
Dentists/Oral Surgeons	207	202
Chiropractors	906	929
Optometrists	434	458
Podiatrists	55	58
Number of physicians by gross payment range (fee-for-service)[3]		
Less than $500,000	5,310	5,401
More than $500,000	748	865
More than $1 million	150	154
More than $2 million	23	25

(1) Premium rates dropped to zero on January 1, 2009, due to the elimination of Alberta Health Care Insurance Plan premiums.
(2) Some data, included in previous years, is no longer available due to the January 1, 2009 elimination of the Alberta Health Care Insurance Plan premiums.
(3) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

	2007/2008	2008/2009
Alternate Relationship Plans		
Total Expenditures	$147,163,837	$207,096,337
Total Alternate Relationship Plans	41	50
Total physicians	1,029	1,267
Primary Care Networks		
Total payments	$52,660,560	$94,546,699
Total Primary Care Networks	26	30
Total Physicians	1,519	1,761
Total patients enrolled	1,699,374	1,963,713
Allied services provided (fee-for-service)		
Total number of services provided	4,157,757	4,234,653
Average number of services per practitioner	2,595	2,571
Payments for services received by patients in the region where they reside		
Chinook Regional Health Authority		
Palliser Health Region	87%	86%
Calgary Health Region	81%	83%
David Thompson Regional Health Authority	97%	97%
East Central Health	77%	76%
Capital Health	52%	51%
Aspen Regional Health Authority	97%	97%
Peace Country Health	52%	52%
Northern Lights Health Region	78%	80%
Unknown	68%	68%
	3%	3%
Amount spent on Non-Group Supplementary coverage	$632,955,754	$661,996,726
Non-seniors	$140,353,113	$148,525,350
Seniors	$490,143,576	$511,123,797
Widow's Pension	$885,790	$666,489
Palliative Care	$1,573,276	$1,681,090
Number of community-based pharmacies in Alberta	945	950

Table 3.7
Allied Health Services:
Distribution of Services and Payments by Health Region Service Location
for the Service Year April 1, 2008 to March 31, 2009 (1)

Health Region Service Location	Total		Chiropractors		Optometrists		Dentists/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	226,653	4,573,545	172,464	2,391,680	32,800	1,495,020	106	12,414	21,283	671,430
Palliser Health Region	140,081	2,665,048	109,630	1,516,905	20,893	941,726	24	2,685	9,534	203,733
Calgary Health Region	1,777,929	34,756,340	1,443,587	19,903,639	203,740	9,159,344	7,736	1,787,739	122,866	3,905,618
David Thompson Regional Health Authority	490,712	9,410,084	403,094	5,668,320	72,958	3,325,213	241	34,907	14,419	381,645
East Central Health	133,717	2,714,463	106,028	1,473,261	26,508	1,203,598	10	1,680	1,171	35,924
Capital Health	1,172,325	26,126,625	865,790	11,972,285	191,012	8,788,414	9,918	2,635,798	105,605	2,730,128
Aspen Regional Health Authority	143,390	2,879,341	114,905	1,599,437	26,164	1,213,339	29	3,234	2,292	63,331
Peace Country Health	102,170	2,127,493	79,486	1,104,199	20,660	959,733	9	1,013	2,015	62,548
Northern Lights Health Region	38,586	795,420	29,400	407,035	7,177	328,175	2	256	2,007	59,955
Unknown	9,090	220,732	92	1,288	161	8,008			8,837	211,436
Total	4,234,653	$86,269,092	3,324,476	$46,038,049	602,073	$27,425,569	18,075	$4,479,725	290,029	$8,325,748

Note: This table reflects fee-for-service data only.
(1) The payment totals may not match the sum of the payments made for services provided in the health regions due to rounding.
(2) A blank cell represents a zero value.